



Quality Service Review/Case Practice Unit  
Quality Improvement Administration  
Office of Clinical Practice



**Fall 2005**

# **Quality Service Review**

D.C. Child and Family Services Agency  
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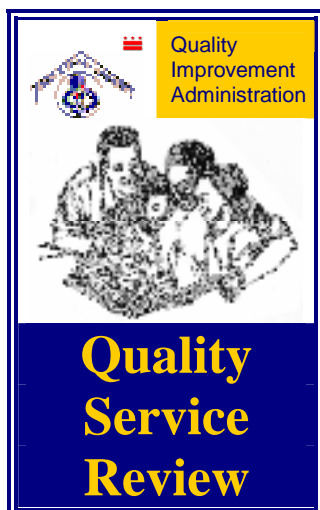
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## Executive Summary



The Fall 2005 Quality Service Review (QSR) of the D.C. Child and Family Services Agency (CFSA) looked at 39 cases: 14 cases with investigations closed in June 2005, 10 of children with the goal of adoption, and 15 of children with goals other than adoption. During the two weeks of the QSR, reviewers conducted approximately 300 interviews with parents, children, social workers, supervisors, attorneys, teachers, therapists, and other service providers. Review teams included CFSA and Center for the Study of Social Policy (CSSP) staff as well as experienced consultants from a variety of states.

Overall findings of this review are:

Summary of QSR Themes for Cases Reviewed in Fall 2005 QSR	
<i>Areas of Strength</i>	<i>Areas in Need of Improvement</i>
<ul style="list-style-type: none"> <li>• Children were safe</li> <li>• Children were healthy or major health issues were addressed</li> <li>• Children were in the least restrictive, most appropriate placements</li> <li>• Most children were up-to-date on physical and dental appointments</li> <li>• Caregivers were providing positive support to children</li> <li>• Almost all children with the goal of adoption were in pre-adoptive placements (nine of ten)</li> <li>• Children living with kin were doing well emotionally and behaviorally</li> <li>• Many children were having regular visits with siblings and parents</li> <li>• Many children were visiting regularly with biological fathers</li> </ul>	<ul style="list-style-type: none"> <li>• Numerous children experienced multiple placements</li> <li>• No parental involvement in cases after nine months</li> <li>• Parents received limited supports and services</li> <li>• Practice was often driven by crisis and/or court orders</li> <li>• System performance often lacked:               <ul style="list-style-type: none"> <li>○ Successful engagement of families</li> <li>○ Case coordination and leadership</li> <li>○ Team formation and functioning</li> <li>○ Efforts and strategies to achieve permanence</li> <li>○ Assessments and tracking of progress</li> </ul> </li> <li>• Children in pre-adoptive placements are not achieving timely permanence</li> <li>• Licensing delays prevented children from immediate placement with kin</li> <li>• CFSA missed some opportunities to provide intensive services and supports to in-home cases</li> <li>• Sibling and parental visits are not consistently being documented in FACES</li> </ul>

CFSA senior managers have committed to implementing three specific actions based on this review that they expect to improve case practice and system performance. These three actions are: (1) finalize and implement the Practice Model, (2) form a work group to address the need for teaming, and (3) create and implement a supervisory peer review system.

These three commitments will positively affect practice and systemic performance in the agency if implemented in a timely and coordinated manner. However, they are interventions aimed only at general system and practice performance; they do not directly address some of the other, more

troubling findings from this review. The final section of this report highlights the following critical findings and recommends next steps for the agency to take to address them:

- Too many children experienced multiple placements.
- No parental involvement in cases after nine months and parents receiving limited supports and services may affect reunification efforts and safe case closure.
- Licensing delays prevented children from immediate placement with kin.
- CFSA missed some opportunities to provide intensive services and supports to in-home cases.
- Sibling and parental visits are not consistently documented in FACES.

# **I. Introduction**

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The Child and Family Services Agency (CFSA) originally assessed case practice through record reviews and quantitative analyses. In the past, the Center for the Study of Social Policy (CSSP) assessed CFSA's progress in meeting the *LaShawn A. v. Williams* performance requirements through review of a random statistical sample of case records. While case record reviews provide meaningful information about documentation of activities and compliance with policies and time frames, they provide little insight into the quality of the work.

In October 2003, CSSP and CFSA partnered to add a method of qualitative review to established assessment procedures. The Quality Service Review (QSR) method looks at outcomes for individual children and families to identify system strengths and areas that need improvement. This qualitative approach supports and complements quantitative data from CFSA's FACES automated information system. Together, quantitative and qualitative data provide a broader understanding of family dynamics and needs, and performance of the service delivery system.

Since 2003, CFSA has progressively internalized the QSR process. In early 2004, CFSA's Quality Improvement Administration (QIA) established a QSR/Case Practice Unit to develop and implement QSRs twice a year. In the fall of 2004, CFSA and CSSP worked with community partners and consultants from Human Systems and Outcomes, Inc. (national experts in the QSR process) to develop a QSR protocol specific to child welfare in the District. In 2005, with CSSP support, CFSA reviewed 50 cases using the QSR methodology.

- In March 2005, review teams tested the new District-specific QSR protocol via review of 11 cases. Results of that test are available at [www.cfsa.dc.gov](http://www.cfsa.dc.gov).
- Between September 26 and October 7, 2005, we used the revised, final QSR protocol for the first time to review 39 cases.

This report presents findings from the September-October Quality Service Review—the first comprehensive review to apply the new District-specific QSR protocol, which we will now use in all future QSRs.

Section II explains the review methodology, including a brief overview of the QSR process and focus of this review. Section III summarizes results of the review. Section IV provides targeted analyses about placements and visits. Section V presents conclusions and recommendations. Appendices contain a summary of the QSR interview questions, the case stories, and a list of the lead reviewers and partners for each case. The complete QSR protocol is available at [www.cfsa.dc.gov](http://www.cfsa.dc.gov).

## II. Methodology

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### A. Overview of Fall 2005 QSR Approach

Reviewers and partners gathered information about child status, parent/caregiver status, and system/practice performance status through more than 300 interviews with the target child or youth, family members, service providers, CFSA and private agency social workers and supervisors, legal representatives, and informal supporters involved in 39 cases. Review teams had access to case records to provide background information to the reviewers. This allowed them to judge how social workers used written assessments and evaluative information in case planning and decisionmaking. Trained reviewers from CFSA, CSSP, Consortium for Child Welfare, Department of Mental Health, and hired consultants conducted the reviews.

To date, QIA and other reviewers have shared results in several ways.

- When QSR interviews revealed problems and/or safety concerns in a case, reviewers immediately brought this information to the attention of the assigned CFSA or private provider social worker and manager for follow-up.
- Following the interviews, reviewers debriefed the social worker and supervisor responsible for the case on findings and discussed next steps.
- Reviewers, CFSA management, and representatives of CSSP and CFSA partners (such as the Collaboratives, private agencies, and Foster and Adoptive Parent Advocacy Center) met for case story presentations and discussion of practice and system themes identified across reviewed cases.
- QIA staff presented preliminary findings to the CFSA director, program administrators, program managers, supervisors, and other CFSA staff. CFSA senior staff then met to develop an action plan to address these findings.
- QIA staff has presented preliminary findings to CFSA staff, plaintiffs in the *LaShawn* lawsuit, the D.C. Department of Mental Health, and private agencies and will continue sharing information with specific stakeholders.

This report is the primary vehicle for disseminating final results. Interview questions, case stories, and identification of reviewers for each case appear in the appendices.

## B. Sample

QIA originally selected 40 cases to focus on three areas of CFSA practice: cases very new to the agency (investigation closed and case opened in June 2005), cases with the goal of adoption, and cases with any goal other than adoption. The original sample included 15 cases opened in June 2005, 10 with the permanency goal of adoption, and 15 with any goal other than adoption. Reviewers were unable to complete interviews in one case (opened in June 2005). As a result, we dropped that case from the analysis and based this report on the 39 completed reviews. (The partial story from the incomplete review appears at the end of Appendix B.)

## C. QSR Protocol

In the fall of 2004, national experts from Human Systems and Outcomes, Inc. facilitated meetings to tailor a QSR protocol specifically for the District's child welfare system. Representatives from all areas of CFSA, the Health Families/Thriving Communities Collaboratives, Consortium for Child Welfare, Foster and Adoptive Parent Advocacy Center (FAPAC), and DC Kids participated in the development process. CFSA and CSSP tested the new protocol in March 2005, refined it with help from Human Systems and Outcomes, and then used it for the first time to complete this review of 39 cases.

### 1. Protocol Structure

The QSR protocol is broken into three sections: **Child Status**, **Parent/Caregiver Status**, and **System Status**. Child Status looks at the situation of the child within the past 30 days as well as in a broader context through 10 indicators shown in Table 1.

**Table 1:  
Child Status Indicators**

• Safety	• Emotional/behavioral well being
• Stability	• Academic/developmental status
• Permanence	• Responsible behavior
• Appropriateness of home placement	• Social supports
• Health/physical well being	• Life skills development

Table 2 lists the three indicators of Parent/Caregiver Status. The protocol calls for scoring these indicators:

**Table 2:  
Parent/Caregiver Status Indicators**

- For **parent(s) and caregiver(s)** when the child is in foster care and has a goal of **reunification**.
- For **parent(s) only** when the child is **at home**.
- For **caregiver(s) only** when the child's goal is **adoption, guardianship or APPLA**.

• Support of the child
• Participation in decisions
• Progress toward safe case closure

Table 3 lists indicators of System Status, which assess overall child welfare system performance based on a specific practice framework. This framework asserts that good case practice involves:

- **Engaging families and assessing underlying factors** in their situation.
- **Assembling and leading family-professional service teams** in developing time-sensitive case goals and **adjusting services and/or goals** as child and family circumstances change.
- **Promptly delivering quality services** so children **achieve permanence within Adoption and Safe Families Act (ASFA) time frames**.

<b>Table 3: System Status Indicators</b>	
<i>Practice Performance Indicators</i>	<i>Attributes and Conditions of Practice</i>
<ul style="list-style-type: none"> <li>• Engagement of the child and family</li> <li>• Coordination and leadership</li> <li>• Team formation and functioning</li> <li>• Assessment and understanding</li> <li>• Pathway to permanence</li> <li>• Case planning process</li> <li>• Implementation</li> <li>• Tracking and adjustment</li> <li>• Family connections</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural appropriateness</li> <li>• Availability of resources</li> <li>• Informal family support and connections</li> <li>• Family Court interface</li> <li>• Medication management</li> </ul>

Collectively, these three sets of indicators prescribe a highly **plan-, team-, and outcome-oriented child welfare system**.

In addition to this protocol, reviewers completed a separate tool to assess child abuse/neglect investigative practice in the 14 investigations closed/cases opened in June 2005. We have noted use of this additional tool in the pertinent 14 case stories (Appendix B).

## 2. Protocol Scoring

Reviewers score indicators based on six-point scale. Table 4 presents the “QSR Interpretive Guide for Child Status” as an example. The scale runs from **1—adverse** status—to **6—optimal** status. After scoring, the protocol provides two options for viewing findings:

- By **zones—Improvement, Refinement, or Maintenance**
- Or by **status—Acceptable or Unacceptable**.

We used zones as the basis for analyzing data from the Fall 2005 QSR. In the following sections of this report, colors in bar charts refer to the zones in Table 4: green for **maintenance** (favorable), yellow for **refinement** (marginal), and red for **improvement** (problematic).



**Table 4:  
Example of QSR Scoring Protocol**

<b>QSR Interpretive Guide for Child Status</b>		
<b>Zones</b>	<b>Scoring</b>	<b>Status</b>
<b>MAINTENANCE</b> Status is favorable. Maintain and build on a positive situation.	6 = OPTIMAL Best or most favorable status for this child in this area (taking age and ability into account). Child is doing great! Confidence is high that long-term goals or expectations will be met.	<b>ACCEPTABLE</b>
	5 = GOOD Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of goals in this area. Situation is "looking good" and likely to continue.	
<b>REFINEMENT</b> Status is minimal or marginal, possibly unstable. Make efforts to refine situation.	4 = FAIR Status is minimally or temporarily sufficient for child to meet short-term goals in this area. Status is minimally acceptable at this time but may be short term due to changes in circumstances, requiring adjustments soon.	<b>UNACCEPTABLE</b>
	3 = MARGINAL Status is marginal/mixed, not quite sufficient to meet the child's short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.	
<b>IMPROVEMENT</b> Status is problematic or risky. Act immediately to improve situation.	2 = POOR Status has been and continues to be poor and unacceptable. Child seems to be "stuck" or "lost" and is not improving. Risks may be mild to moderate.	<b>UNACCEPTABLE</b>
	1 = ADVERSE Child status in this area is poor and getting worse. Risks of harm, restrictions, exclusion, regression, and/or other adverse outcomes are substantial and increasing.	

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## **D. Limitations**

The review sample was small and stratified, making it impossible to generalize findings. However, findings do provide "telling indicators" for practice development. Rather than dwell on numbers, we focused on case stories to identify areas for immediate attention and further exploration and examination.

Additionally, although CFSA Information Systems initially pulled a random sample from FACES, we had to replace 11 cases from the sample because we could not obtain parental approval to review the case. We replaced two cases with cases from a random sample of cases selected for a CPS review occurring at the same time as the QSR. We randomly selected the other nine cases from the caseloads of the social workers whose cases were originally selected for review. We did our best to avoid selection bias, but with the small number of cases, the stratified sample, and the 11 cases in the sample replaced from varying sources, sampling error is a limitation.

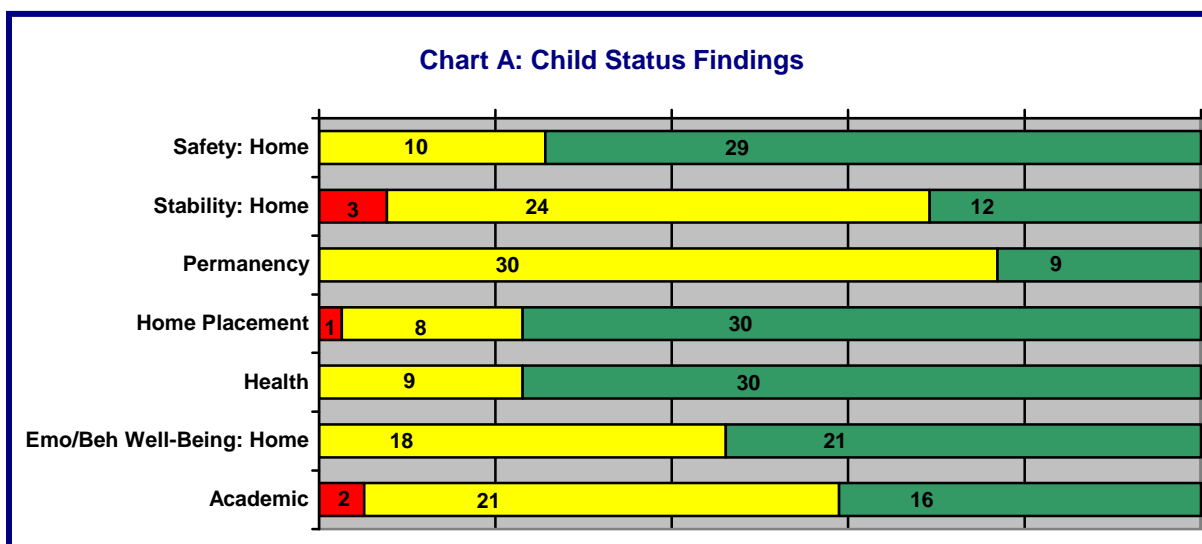
Finally, the QSR protocol is new. Reviewers found some confusion regarding the wording of the Resources indicator, Informal Supports and Connections indicator, and the indicator for Cultural Accommodations. QIA will address problems with these indicators before the next QSR.

### III. Results

This section presents overall findings about Child Status, Parent/Caregiver Status, and System Status. We have noted specific case stories related to some findings, indicating the source of that finding and allowing referral to Appendix B for more information.

#### A. Child Status

Overall, the Fall 2005 QSR indicated a positive status for the children reviewed. As Chart A shows, most were safe, healthy, and in appropriate placements. (Chart A condenses information for easier understanding. Although reviewers scored indicators for safety, stability, and emotional and behavioral well-being in school, Chart A does not reflect these findings because home and school ratings were very similar or were adequately reflected in the academic status indicator. The chart also does not show Responsible Behavior, Social Supports, and Life Skills Development indicators because they did not apply to all the children we reviewed.)



##### 1. Safety

We found child safety to be very positive. In 29 of the 39 cases we reviewed (74%), children were safe. The majority of the 29 children with good safety ratings were in foster care. Reviewers found that most foster parents ensured the safety of children in care and effectively minimized risks to them. In Case #11, the reviewers stated, *“A cadre of adults was available to assist in the care of the child for support and temporary care. The pre-adoptive mother, aware of the child's history of abuse by males, has assured the child that she would not be left in the care of a male during the foreseeable future.”* However, in 10 of the 39 cases (26%), safety required refinement. These children were either minimally safe or had at least one safety factor in need of action. In Case #33, for example, a youth was testifying against his mother’s paramour

regarding the domestic violence that brought him into care. *“The reviewers were concerned that the lack of assessment data and the child being compelled to testify against him may result in a safety issue when he is released from jail, particularly given the mother's desire to continue this relationship.”* Other factors contributing to lower safety ratings included community conditions; domestic violence risks; and allegations of abuse or neglect by relatives, although CFSA took appropriate action to ensure the child’s safety upon receiving the reports.

## **2. Health**

Thirty of the 39 children (77%) were in good health and had their medical needs addressed when necessary. Even when children had severe medical needs, they were receiving good monitoring and treatment. One child *“had significant medical issues at the time of placement in foster care, [but] her health status has improved dramatically. She no longer requires the use of an apnea monitor and has not had any problems with her acid reflux disease since her placement in foster care. Her asthma treatment is administered only as needed, and the foster mother reported that the child has not had an asthma attack since placed with them in March 2005”* (Case #18). Only a few children were overdue for medical appointments or had needs that CFSA had not adequately addressed.

## **3. Emotional/Behavioral Well Being**

Children were also doing fairly well both emotionally and behaviorally. Although almost half of the children and youth needed refinement in this area, only one child received an unacceptable rating. Reviewers even determined that a child who had been seeing the same therapist for two years with no progress was doing well (Case #7). Reviewers described another child as “perfect” but carrying *“a great deal of pain and loss associated with her separation from her family. . . . She is an emotionally needy child and has a pronounced need for attention and affection, as well as approval and acceptance, from adults and in school”* (Case #23). Reviewers described some older youths as *“a model resident”* (Case #35), *“responsible young lady . . . natural leader”* (Case #37), *“well-adjusted and makes responsible decisions”* (Case #38), and *“bright, articulate and engaging”* (Case #17). These are just a few examples of the incredible resilience of these children despite the challenges they face.

## **4. Placement**

At the time of the review, 30 of the 39 children (77%) were in the most appropriate, least restrictive living arrangement possible for them. Many were living with parents and/or other family members. Others were in foster homes, often with siblings. Children in foster care were in homes with nurturing and supportive foster parents. In one case (#21), reviewers stated that the foster family provided *“a good model of . . . healthy family relationships.”*

## 5. Stability and Permanence

Reviewers identified difficulties in stabilizing children's placements and moving them to permanence. In one case, a youth had seven placements in the past two years, including five placements during the six months immediately before the review. Reviewers stated: "*The predecessor behaviors, predictors, and patterns of the youth's disruptions have not been adequately evaluated. Future disruptions have not been predicted and a plan to prevent further disruption has not been developed*" (Case #21). Clearly, this youth has had significant instability, which appears likely to continue. Another child, a two-year-old girl, had three foster placements in six weeks. Reviewers noted: "*The child was initially placed in the same foster home as her newborn brother, but within three days the foster parent requested her removal, indicating she had only agreed to care for the child for a limited number of days. The child moved into a second foster home where she remained for about five weeks before the foster mother requested her removal. That foster mother reported that the child's lack of verbal communication and her habit of staring intensely at a person were disconcerting to her. . . .*" (Case #22).

Numerous other children had histories of multiple placements, and several faced potential disruptions, which contributed to their instability. For example, one child was in a pre-adoptive home with pre-adoptive parents having second thoughts about adopting (Case #7). In other instances, reviewers may have rated stability lower due to a planned placement change, such as reunification with birth parents (Case #29).

The 12 children who received the highest stability ratings (meaning they had no placement changes in the past 12 months and a low likelihood of future disruption) were often in pre-adoptive placements where they had been living from one to four years. Other stable living arrangements were with family members. In one case, a 20-year-old female had been living with the same family for 10 years. Reviewers found that "*the foster parents wanted to adopt the youth but believed, and continue to believe, that they would have lost all access to supportive services and medical benefits for the youth if they had adopted her*" (Case #26).

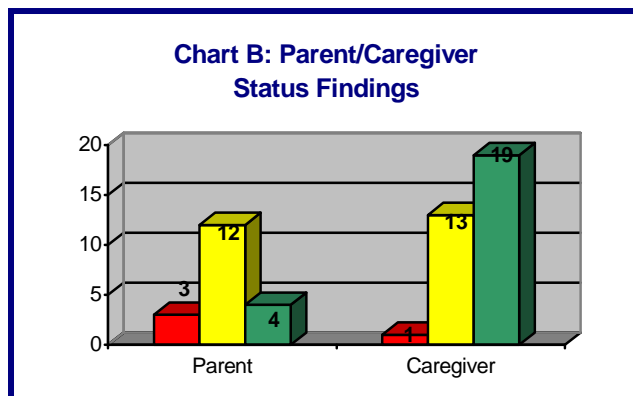
Stability is not permanence. Several cases had barriers to permanence related to licensing. The new law requiring clearances from all states in which the caregiver has worked or resided caused delay in one case because the caregiver was in the military and lived in several jurisdictions, including outside the United States (Case #6). Concurrent planning, need to comply with services, and parents contesting adoptions were identified as additional barriers to permanence.

## 6. Academics

Some children doing well in their placements were not functioning as well in school. Those who were not performing experienced several school placement changes, were frequently tardy or absent, or were not enrolled in appropriate educational settings due to lack of or incomplete evaluations. Many children demonstrated inattentiveness or learning deficits that CFSA was not addressing. Although a few younger children were not enrolled or not attending early intervention programs, children in daycare settings were doing well.

## B. Parent/Caregiver Status

Comparing parents to caregivers on the three indicators for this status revealed a striking difference. Caregivers supported the child and participated in decisions at a much higher level than parents. Also importantly, delivery of services and supports to caregivers was higher than to parents. The implementation ratings of parents and caregivers mirror those for overall status. It is not surprising that caregivers were able to do what the system asks of them when they were receiving the supports they needed to carry out those tasks. Parents were struggling to achieve their goals without the full support of the system. Parents involved in in-home cases were receiving the lowest level of service implementation, despite the fact that social workers did not have to provide additional services to a substitute caregiver in these situations.



**Table 5:  
Number of Parents Involved  
After Case Opening**

0-9 months:	19
10+ months:	0

The most significant and alarming finding regarding parents of children in this review was that none were working toward the goal of reunification after their cases had been open for more than nine months. If we do not engage parents in at the beginning, we may quickly lose our chance to work with them at all.

The case stories provide insights into positive elements that kept parents involved and into challenges that may explain why parents stopped participating after nine months. With parents who were still involved and making progress toward achieving their goals, social workers built strong relationships and ensured they visited the children regularly. In one case, *“The caseworker was pivotal in facilitating visitation as he personally transported the children to/from visits on weekends”* (Case #35). To help parents achieve their case plan goals, social workers made appropriate referrals for services and followed up regarding implementation. Often, parents were motivated to get help with their problems and to find services without assistance from their social worker. In one example, *“The mother is resourceful and independently sought out all of the services for her and her child without assistance”* (Case #2).

Case stories of parents no longer involved or not making progress revealed various barriers to progress. Social worker failure to communicate was a major obstacle. In one example, the family did not know their former social worker had left and that CFSA had assigned a new one. In another, *“[t]he primary problem . . . was the system's lack of involvement with this family. . . . Since the case opened for services in late July 2005, the social worker met with the mother only twice. . . . Efforts to engage the family in case planning and in any discussion of requirements needed to safely close the case were almost nonexistent”* (Case #5).

Lack of assessment also hindered parental involvement. When we overlook or fail to explore parental issues—especially severe ones such as domestic violence, substance abuse, and mental

health difficulties—parents cannot begin to make progress in the areas that brought their family to the attention of CFSA in the first place. Similarly, poor delivery of services can frustrate parents and keep them from achieving safe case closure. Some cases get stuck in the system with no plan or timeline for closure, and parents begin to drift away. In more than one case, service providers were working on alternative placement goals for children without telling the parents, despite the fact that the official goal was reunification. Case stories also described lack of parental participation as a reason for lack of progress. The two most common reasons parents were no longer involved were abandonment and substance abuse.

While social workers offered services to many of the substance-abusing parents, it is worth exploring whether or not methods they used to engage these parents were effective. Simply presenting services is not sufficient. Parents must be full partners in their cases and understand requirements and time frames for case closure.

## **C. System/Practice Performance**

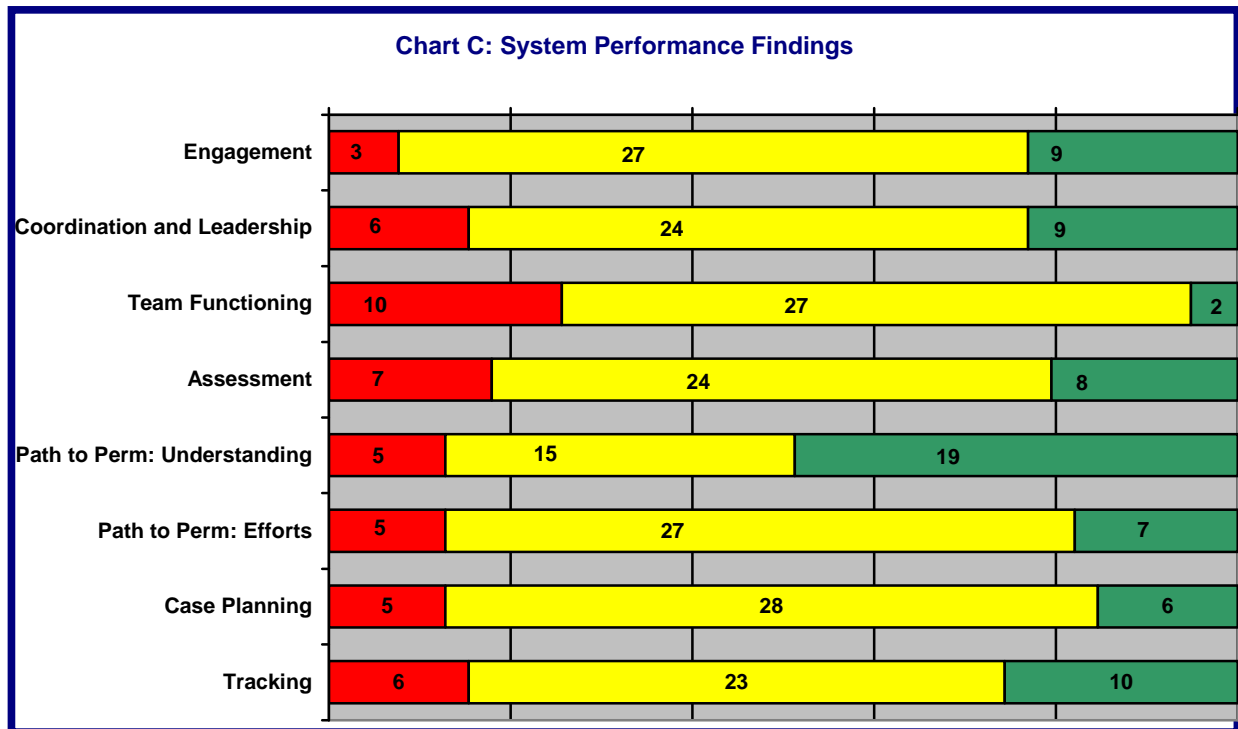
The QSR protocol asserts that good case practice involves:

- Engaging families and assessing underlying factors in their situation.
- Assembling and leading family-professional service teams in developing time-sensitive case goals and adjusting services and/or goals as child and family circumstances change.
- Promptly delivering quality services so children achieve permanence within Adoption and Safe Families Act (ASFA) time frames.

It prescribes a highly plan-, team-, and outcome-oriented child welfare system.

In this and previous QSRs, reviewers found crises and the courts, not planned outcomes, often drive CFSA practice. Although CFSA has developed a practice model that incorporates the QSR protocol, the agency has not yet implemented it. When CFSA engages staff in this practice model and they put it to work, we expect to see better system results.

Overall, Fall 2005 QSR results indicate the need to refine the quality of system performance. While many social workers, supervisors, and managers did good work across the child welfare system, we still have ample room for improvement. Chart C shows scores for most of the system performance indicators. They do not show scores for Cultural Accommodations, Medication Management, and Family Connections because these indicators did not pertain to all children and families. Reviewers had questions about the Resource Availability and Informal Supports and Connections indicators that QIA must clarify before the next QSR, so we did not include those scores in the charts.



Failure to engage was often the key breakdown in the cases we reviewed. Social workers were often not using effective strategies to include families and youth in planning for their cases. In those cases, they were unable to successfully coordinate services as the leader of a team of providers and family members. In some cases, the issue of social worker responsibility for a child versus the family complicated service coordination and delivery.

Without coordination or service delivery, it is not surprising that teams did not form or did not function well. This was the lowest rated system indicator, with only two teams out of 39 cases functioning at a suitable level. Lack of a team had a negative impact on many areas such as *“communication, planning, and the exchange of current and accurate information”* (Case #13). Despite 12 out of 14 eligible cases having Family Team Meetings, ongoing teaming did not occur. When team members did not communicate with each other, services overlapped or were not put in place, and goals for safe case closure were unclear.

Lack of teaming resulted in numerous problems in cases. Providers did not communicate, services were not coordinated, and case planning was often disjointed or simply did not occur. These problems appeared to create barriers to children achieving permanence. For example, reviewers noted: *“There seem to be several different permanency plans in the works, and team members are not in accord with each other. The mother is working toward reunification, the paternal grandmother of the siblings is becoming licensed in hopes of obtaining guardianship, and the foster parent has been encouraged to pursue adoption”* (Case #25).

In this QSR, reviewers assessed both teams’ understanding of the permanency goal and their efforts toward achieving it. Although understanding received a high rating, teams did not



translate their knowledge of the goal into action. Nevertheless, some cases were making steady progress. In Case #6, *“All team members have a clear understanding of the case goal and are implementing efforts to achieve permanency.”*

Although social workers are developing case plans in FACES, the QSR reflected that case plans did not drive practice decisions or activities and did not provide a holistic picture of how children and families would achieve safety and permanence. Many case plans lacked outcome-focused goals and/or specific timelines for achieving goals. Assessments were often incomplete or seemingly misinterpreted. Lack of understanding of child and family needs resulted in case plans that did not address significant issues. Often, social workers did not adjust strategies and services as children and families made—or failed to make—progress toward permanence. As a result, implementation of appropriate supports, services, and strategies did not lead to safe case closure.

The following examples illustrate (1) a case planning process in which assessments, adjustments, and implementation of services were successful and (2) how a breakdown in one of these areas can affect the case as a whole.

- Example 1 (Case #8): *For the past two years, the current social worker has worked diligently to ensure that a sufficient level of wrap-around services is provided. Turnover at provider agencies and the preferences of the pre-adoptive mother have kept the social worker busy tracking and making modifications to planned interventions. The social worker has worked diligently to stay updated on the activities, results and perspectives of the many persons involved. He is viewed as the primary coordinator of services being provided and is well respected by his peers. . . . The system has invested a significant amount of time and effort in attending to the child’s educational support needs. The social worker obtained an educational advocate, and the educational hearings process was recently invoked to get a school setting that the team felt would meet the child’s educational needs.*
- Example 2 (Case #22): *Case planning for both parents and this child appears to be based on limited assessment of strengths/needs for all parties. The mother would benefit from additional substance abuse treatment, but with no clear understanding of what stands in the way of her securing such treatment, the services addressed for her in the service plan are unlikely to resolve the issues she faces. The case plan identifies that the father is expected/requested to secure appropriate housing and to attend parenting classes, yet none of the team members interviewed were of the opinion that accomplishment of these two things would suffice to address their doubts as to his suitability for placement of his daughter. The plan for the child identifies and speaks only to meeting scheduled medical appointments. Certainly, other issues exist for the child that could/should be addressed in her plan.*

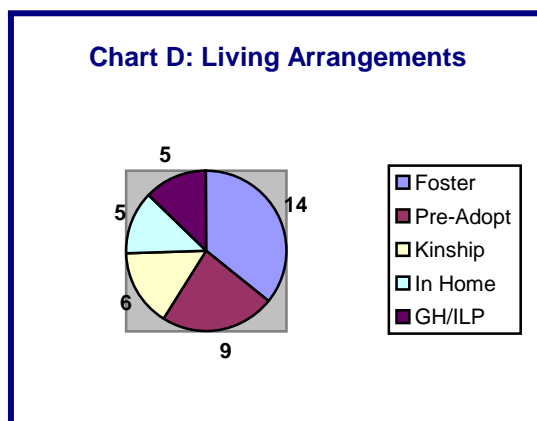
Overall, the review showed positive findings about the relationship between the court and team. In Case # 32, *“The guardian ad litem is very active in the case and provides support to the caregivers as well as the child. The court interaction is positive and supports decisions made by participants and enforces them, rather than guiding the case actions.”*

In contrast, Case #20 illustrates a common problem: *“The primary force moving the case is the court, and while the judge was sent a copy of the psychiatric evaluation recommending alcohol treatment for the father prior to any unification, this issue has not been addressed. Those involved in the case are reactive to the court's orders, rather than proactively formulating recommendations to the court based on a shared understanding of the strengths and needs of the family and a clear view of the desired outcome.”*

## IV. Targeted Analyses

### A. Living Arrangement

Chart D breaks down the living arrangements of the 39 children in the QSR sample: foster, pre-adoptive, kinship, or birth home or group home/Independent Living Program. (Two of the pre-adoptive homes were also kinship homes.) Discussion below focuses on those settings where analyses indicated important information.



#### 1. Pre-Adoptive Foster Homes

Analysis of children in pre-adoptive homes yielded interesting results regarding permanency, teams, and engagement. Not surprisingly, participants understood the permanency goal, and children were stable in pre-adoptive homes. However, these children were remaining in pre-adoptive status without permanence far too long.

Of the nine children in pre-adoptive homes, seven were in these homes for at least one year, and most had been in care for more than a year and a half. Financial disputes between CFSA and Vital Records, incomplete paperwork, lack of documentation for home-study approval, and a recent change in social worker and caregiver residence all contributed to delays in permanence.

Delays in obtaining birth parents' consent to adoption or in filing motions to terminate parental rights (TPR) also appeared repeatedly in the case stories. For example, one child had not visited with his parent in four years and had a goal of adoption for more than five years, but CFSA did not file the motion for TPR until six months before the review (Case #8). Another child was in a pre-adoptive placement for approximately a year and a half, but the caregiver did not file the petition for adoption until several months after the goal changed to adoption. The birth mother and putative father were not engaged in the process. Birth Mother now intends to contest the adoption, and Putative Father's family has expressed interest in obtaining custody of the child (Case #9). If these parents had been involved when CFSA placed the child in the pre-adoptive home, these issues might have surfaced earlier and not postponed permanence for the child.

Results also indicated that CFSA was not doing enough to engage pre-adoptive parents or to implement supports, strategies, and services on their behalf. This lack of support could be one of the greatest barriers to permanence for children. Unfortunately, once children were safe and stable, progress toward case closure became less of a priority, which may have left pre-adoptive parents feeling unsupported. Since services and supports for this group were poor, caregivers may not have remained motivated to expedite permanence.

Teamwork is not yet a routine function of CFSA case practice. The only two cases in the entire sample that rated well for teaming were for children in pre-adoptive placements. In one instance, the team was “*fully aware of the goal, working cohesively, maintaining consistent contact, and completing appropriate follow-up actions*” (Case #6). On the other hand, “[L]ack of a ‘team’ approach . . . significantly impacted communication, planning and the exchange of current and accurate information. This ultimately resulted in undermining the critical foundation of trust between the Agency, the pre-adoptive family and the foster mother.” (Case #13)

## **2. Kinship Foster Homes**

Children living with kin were doing the best emotionally and behaviorally of children in any other placement type, with five out of the six children in kinship placement scoring in the maintenance zone. Although reasons for these positive emotional and behavioral well-being scores are not entirely clear, it is possible that these children were doing well simply because they were living with relatives. These children had all experienced the trauma of being removed from their parents, but living with extended family most likely had a positive impact on their emotional well-being.

While this review did not examine correlations between indicators, another possible reason for these children doing well emotionally and behaviorally is that kinship caregivers had the highest implementation of services, supports, and resources of all parents and caregivers in the review. Four of the six kinship caregivers scored in the maintenance zone for implementation of services, supports, and resources on their behalf. In one case, the family was receiving a full range of supports, and CFSA was working to implement more (Case #31).

The one child placed with kin with an emotional/behavioral rating in the refinement zone is also one of the two children for whom service/support/resource implementation also rated in the refinement zone. For this kinship caregiver and child:

*There have been significant delays in service provision, though referrals were made in a timely manner. For example, the adult brother was immediately identified as a placement resource, but it took three weeks for the emergency license to be granted, resulting in foster care placement of the child. The caregivers did not receive payment for the children in their care until a month after placement, which caused serious financial strain on them. Therapeutic services were referred in May; however, these services were not in place until September. (Case #32)*

Children in kinship care rated lower on stability during the review. The reason appears to be that CFSA did not place five of the six children in kinship placements immediately upon removal. Instead, CFSA placed them in interim foster homes while licensing their relatives. In one case, CFSA placed the child in a maternity/infant residential facility and a private agency foster home before placing him with his maternal aunt. It took five months to place this child with a relative (Case #28). In another case, CFSA removed the child and placed her in a foster home for less than three weeks before finally placing her with a sibling at their maternal grandparent’s home (Case #29). In only one case was CFSA able to temporarily license relatives promptly, facilitating immediate placement of the child with them (Case #39).

Why CFSA did not grant temporary licenses immediately was unclear. Only one of the six caregivers lived in Maryland where CFSA cannot license kin on a temporary basis. The remaining five lived in the District, where CFSA can license kin temporarily to facilitate prompt placement of children.

The small number of cases in this review and potential for sampling bias mean all children in kinship care may not be doing better emotionally than children in other placements. In addition, the relationship between implementation of services and supports and emotional well-being of children may not bear out in a larger sample. However, these results merit further exploration.

### **3. In-Home Cases**

Children with open in-home cases are arguably the most vulnerable population CFSA serves. These children remain in the care of the parent(s) who either abused or neglected them or failed to protect them from abuse/neglect.

QSR findings, as well as other non-QSR measures from FACES, indicated that CFSA is not providing the levels of monitoring, support, planning, coordination/leadership, or teaming these families need to move quickly and safely to case closure. The five in-home cases in the QSR sample collectively had the lowest safety ratings of any living arrangement. Four of the five children needed refinements in safety, meaning they were either minimally safe or were dealing with at least one safety issue that posed an elevated risk. For example, one child was the victim of racial harassment in his neighborhood (Case #3).

In comparison to the larger safety results of the review, this finding about low safety of children living at home is troubling. Of the remaining 34 cases in the overall review, only six scored in the refinement zone for safety; the other 28 scored in the maintenance zone.

Although all five in-home cases had been involved with CFSA for three to six months, only one had a clear plan with explicit timelines that all parties understood. In three of the five cases, reviewers found little if any clarity regarding what needed to happen to close the case safely.

CFSA must work to help families change the underlying factors that brought them to our attention and reduce risk to their children. If we address their needs while they are involved with in-home services, we decrease the likelihood that they will become more intensively involved in the child welfare system. In general, CFSA's management of the five in-home cases in this review was inadequate to meet family needs.

In one case opened for lack of supervision (Case #5), the social worker did not thoroughly address the primary reason the child came into care. Since CFSA opened the case for services, the social worker visited the home only twice. Team formation and functioning on this case were extremely limited. In general, no one made reasonable efforts to engage the family in case planning and in any discussion of requirements for closing the case safely. The social worker did

not assess the family's needs thoroughly and was unaware of the child's problems in school and the need for educational assessment and tutoring services.

With very little planning, the social worker closed this case the day after the QSR interviews, although no one involved in the case was clear about closure requirements at the time of the review. According to the reviewers, *"Though leaving the children unsupervised is the reason this case was opened, it has not been addressed or resolved and is still a concern. . . . [T]his particular case was closed without any clear understanding of the supervision and safety plan for this family."* About a week after CFSA closed the case, the hotline received another report of lack of supervision in this family. Child Protective Services is currently investigating that report, and if they substantiate it, CFSA will likely become more intensively involved with this family.

In serving families in their homes, we have an opportunity to provide intensive services before the situation requires removal of the children. We must address issues that brought the family into the system, using all available resources and the skills of a well-coordinated team, or the children will be at risk.

## **B. Visits**

Children in out-of-home placements were maintaining family connections. Almost half were in the maintenance zone. The QSR also found that most children living apart from their siblings were having visits with them. This finding differs from information in FACES that CFSA reports to the Court Monitor.

While it is difficult to compare qualitative and quantitative data, we found differences between the number of sibling visits entered in FACES and the number reported during the QSR. Of the 12 children in our sample who were placed apart from siblings, FACES data indicated six without any documented visits in the three months before the QSR. However, QSR interviews indicated only one child without a sibling visit during that same period. In addition, FACES showed only two children meeting the requirement to visit siblings at least twice a month while QSR interviews indicated seven children meeting that requirement.

Children were often visiting siblings in informal settings that CFSA did not supervise, which may explain why workers did not enter the information in FACES. For example, one child (Case #28) spent most afternoons after daycare at his grandmother's house, where his siblings were placed, and he was often there on weekends as well. Another child (Case #18) had regular visits with her siblings at her maternal grandmother's house. FACES did not reflect any of these visits for either child, making it seem as though they were not seeing their siblings at all.

Analysis of the number of visits QSR case stories indicated children were having with their parents versus the number social workers documented in FACES revealed the same result. Children were seeing their parents much more frequently than statistics from FACES showed. Approximately half the parents and children were visiting weekly as the Implementation Plan requires, whereas FACES showed parent-child visits at a rate of only 10 percent.

Similar to sibling visits, parent-child visits often happened informally without social worker supervision, which could account for the discrepancy. Especially in cases of kinship placement, children saw their parents more frequently than the social worker realized. One child (Case #31) was placed with her great-grandmother, who lived a mile away from her mother and father. Although the QSR revealed that the family got together most afternoons, FACES documented only two visits.

Many children were seeing their fathers regularly. Over half the children in foster and kinship homes were visiting with their fathers, and the placement goal for three of them was with their fathers.

## V. Conclusions and Recommendations

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The results of the QSR indicate that the children reviewed were safe, healthy, and living in appropriate placements. However, we also found that numerous children experienced multiple placements throughout their time in CFSA care, practice was often driven by crises and court orders, and system performance was in need of significant refinement (specifically around engagement, coordination and leadership, team formation and functioning, efforts and strategies to achieve permanence, and assessments and tracking in cases). Additionally, we found no parents working toward reunification in cases opened for more than nine months; licensing delays prevented children from immediate placement with kin; and CFSA missed opportunities to provide intensive services and supports to in-home cases.

CFSA is already addressing some of the systems issues identified in this report. In early October, immediately following the QSR, QIA staff presented preliminary findings. Following this presentation, senior management created an action plan and committed to three strategies to address some of the primary systemic issues needing work. First, CFSA has developed a practice model that incorporates the QSR practice framework and has plans to implement this model across the agency in early 2006. After we launch and implement the model, we expect to see better system results in future QSRs specifically related to coordination and leadership, assessment, teaming, planning, service implementation and progress toward safe case closure.

Second, a workgroup is being coordinated to assess barriers to team formation and functioning, and explore opportunities to form teams across the agency and across the city. This workgroup will make practice and policy recommendations aimed at making teamwork a practical, efficient part of agency practice. As families and professionals begin working together and communicating more effectively, they will be better able to assess family needs and plan and implement goals that will quickly move children to permanence.

Finally, to promote ongoing practice development, discussion and improvement, CFSA is creating a system for supervisory peer review. This system will give supervisors the opportunity review cases of their peers using elements from the QSR and practice model. Managers and units will use these reviews to increase practice quality and system performance.

These three commitments will positively impact practice and systemic performance in the agency if implemented in a timely and coordinated manner. However, they are interventions aimed only at general system and practice performance they do not directly address some of the other, more troubling findings from this review. The following issues must still be addressed:

- **Too many children experienced multiple placements.** As an agency, we need to understand and address the underlying issues causing placement instability for the children in our care. This result is not specific to the QSR, but is also mirrored in our FACES data – over 1000 children in our care have had four or more placements since entering care<sup>1</sup>. It is widely recognized that this instability is unacceptable, but as an agency, do we truly

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<sup>1</sup> FACES Management Report PLC159MM, November 1, 2005



understand the cause and have a clear action plan to address the problem? If not, the agency must consider an immediate evaluation of our foster care programs.

- **No parental involvement in cases after nine months and parents receiving limited supports and services may impact reunification efforts and safe case closure.** Parents in the cases reviewed in the QSR were not sufficiently involved in their cases or supported by the system to address the issues that brought their families into our agency for services. We must determine whether or not this is a problem for the larger population of parents involved with CFSA. If we are not involving parents in their cases and providing them with the services and supports they need to resolve the issues that brought their children into care, we will continue to overuse and overburden our foster care system.
- **Licensing delays prevented children from immediate placement with kin.** This issue came up for all but one of the children in our sample placed with kin. The agency should look into whether or not this is a larger issue and address any problems immediately. Delays in licensing kin will have an impact on the stability and the emotional well-being of the children in our care.
- **CFSA missed some opportunities to provide intensive services and supports to in-home cases.** Because the in-home children involved with the agency are so vulnerable, we must immediately address any problems with monitoring and service provision as it relates to them and their parents. Prior to this QSR, CFSA identified this as an issue and unveiled plans to have In Home and Reunification social workers specialize in either in-home cases or foster care cases. Specializing in in-home cases should allow social workers more time to focus on engaging and supporting these families. However, CFSA must monitor and evaluate the impact of this strategy through means other than the QSR.
- **Sibling and parental visits are not consistently documented in FACES.** In the QSR, we identified more sibling and parental visits in the cases reviewed than social workers documented in FACES. This raises two concerns. First, if all visits are not being documented in FACES, we may not be getting due credit toward meeting our visitation benchmarks. Second, the fact that these visits are occurring but not documented in FACES indicates that social workers may not always know that they are occurring. If social workers are not aware of informal visitation, there is no way for the agency to ensure that the visitation is appropriate and safe. To address both of these issues, the agency must take a closer look at visitation to assess the existence and scope of these issues.

## Appendix A: QSR Protocol Questions

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The tool used to conduct Quality Service Reviews is a protocol designed by Human Systems and Outcomes, Inc. The protocol provides a professional appraisal of the following areas in a case:

- **Child Status**
- **Parent/Caregiver Status**
- **System Performance**

Each area is divided into subsets that give a vivid snapshot of the current status of the focus child and all the systems working toward the goal of achieving safety, permanency, and ensuring the child's well-being.

### **Child Status Indicators: (assessed over the past 30 days)**

#### **Living & Well-being**

- ***Safety of the child/others*** – Is the child safe from injury? Are others safe from the child? Is the child free of abuse, neglect, and sexual exploitation?
- ***Stability*** – To what degree is the child's daily learning, living, and work arrangements stable and free from risk of disruption? To what degree are known risks being substantially reduced?
- ***Permanency Prospects*** – Is the child living with caregivers who the child, parents/caregivers, and other stakeholders believe will endure until the child becomes independent?
- ***Home Placement*** – Is the child in the most appropriate home placement, consistent with the child's needs, age, ability, and peer group and consistent with the child's language and culture?
- ***Health/Physical Well-Being*** – Is the child in good health? To what degree are the child's basic physical needs being met? To what degree are the child's health care/maintenance needs being met?
- ***Emotional/Behavioral Well-Being*** – To what degree is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with their ability to function daily?

#### **Developing Life Skills**

- ***Academic Status*** – Is the child learning, progressing, and gaining essential functional capabilities at a rate commensurate with his/her age and ability?
- ***Responsible Behavior (age 10 and older)*** – To what degree is the child or youth making responsible choices that are self-protective and respectful to others? If developmentally appropriate, is the child or youth participating in decision-making with the team?
- ***Responsible Behavior (under age 10)*** – To what degree does the child engage in age-appropriate social interactions and self-regulations, follow simple directions and generally behave similarly to other children the same age, and generally accept and facilitate daily routines?
- ***Social Supports*** – Consistent with age and ability, to what degree is the child developing an age-appropriate circle of positive friends/supporters, participating in extra-curricular activities, gaining group affiliation, adult guidance, and social connections, and benefiting from a significant, enduring relationship with one or more adults?
- ***Life Skills Development*** – To what degree has the child been making progress toward developing essential life skills? To what degree is the youth demonstrating a developing ability to live safely and function successfully without outside supervision?

### **Parent/Caregiver Status Indicators (past 30 days):**

- **Support of the Child** – To what degree are the parents (or caregiver with whom the child is residing) willing and able to provide the child with the needed assistance for successful daily living? To what degree are the parents/caregivers making efforts to support the child?
- **Group Caregiver Support of the Child** – Are the child's primary caregivers in the group home or facility supporting the education and development of the child on a daily basis?
- **Participation in Decisions** – To what degree are the child's parent and/or caregiver on-going participants in decisions made about education, treatment, and supportive services necessary to meet safe case closure conditions?
- **Progress To Safe Case Closure** – To what degree is the birth family or resource family making progress toward meeting safe case closure requirements?

### **Practice Performance Indicators (past 90 days):**

#### **Performance of Core Practice Functions**

- **Family Engagement** – To what degree have efforts been made to include the child and family, including extended family members, and to increase participation in the process? Are the child, parent/caregiver, and family active participants in service planning? Are interveners building a trust-based working relationship with the child and family?
- **Coordination & Leadership** – To what degree is there a single point of coordination and leadership necessary for convening and facilitating an effective service team and decision-making process for the child and family?
- **Team Formation and Functioning** – To what degree have the “right people” formed a working team that meets, talks, and plans together? To what degree do members of the service team collectively function as a unified team?
- **Assessment & Understanding** – To what degree is the child and families situation understood by the service team? Does the team have knowledge of family strengths, needs, risks, and underlying issues? Is this understanding reflected in safe case closure requirements and selected change strategies?
- **Pathway to Permanency** – To what degree does everyone involved in the case clearly understand the permanency goal, including any concurrent planning and timelines set for reaching permanency? Are reasonable efforts being made to achieve permanency and inform the parents of progress and consequences of not meeting necessary requirements on time?
- **Case Planning Process** – Does the case planning process strategically focus on the purposes, paths, and priorities of intervention necessary to achieve specific results and functional outcomes for the child/family? Are efforts of all providers unified through coordinated planning activities?
- **Implementation** – How well are the actions, timelines, and resources planned for each of the issues being implemented to help the parent/family meet conditions necessary for safety, permanency, and case closure and to help the child achieve and maintain adequate daily functioning at home and school?
- **Tracking & Adjustment** – To what degree are the service coordinator and team tracking service implementation, child/parent progress, conditions for safe case closure, risk reduction, and results? Does the team evaluate service delivery, barriers, and progress? Are strategies and services adjusted in response to progress made, changing needs, and knowledge gained?

- **Family Connections** – When children and families are temporarily living away from each other, are family connections being maintained through visits and other means, unless compelling reasons exist for keeping them apart?

### **Attributes and Conditions of Practice**

- **Cultural Accommodations** – Are any significant cultural issues of the child/family being identified and addressed in practice (consider race, religion, sexual orientation, etc)? Are the supports and services provided being made culturally appropriate?
- **Resource Availability** – To what degree are the supports, services, and other resources to implement change strategies available as necessary (i.e. timeliness, intensity, duration, location) for use by the child, parent, and/or caregiver?
- **Informal Supports & Community Connections** – To what degree is the family/youth (15 years or above) being connected to informal supports that will assist them in achieving well-being, safety, permanence, independence, and safe case closure?
- **Family Court Interface** – Is there effective coordination between the social worker and legal staff in achieving appropriate legal outcomes? Are the parent/caregiver and child receiving adequate legal representation?
- **Medication Management** – Is the use of psychotropic medications for the person necessary, safe, and effective? Does the person have a voice in medication decisions and management? Are routine screenings occurring for the side effects and treatment administered as needed?

## **Appendix B: Case Stories**

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## **Written Case Review Summary**

Case 1

Review Date: September 28, 2005

Child's Placement: In-home

### **Persons Interviewed (8)**

CFSA social work associate, two CFSA supervisors (interim and current), Child Protective Services (CPS) worker, in-home nurse, biological mother, biological father, and the medical case manager.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child under review is four-year-old African-American female; she is a medically fragile child who currently resides with her biological mother, maternal grandmother, and older sibling. Her father and three other siblings have a permanent residence in Maryland to enable her siblings to attend Maryland schools, but they visit the family daily.

The most recent report was made to CFSA in June 2005, by the child's primary care physician. The doctor reported that the child's urgent medical needs had been neglected by the maternal grandmother who had contacted the doctor a few days earlier but had not brought the child in to be seen as directed. When the child was brought to the doctor, four days after the original call from the maternal grandmother, 911 was called due to the child being in respiratory distress. The child was subsequently hospitalized for several weeks while she recovered from a medical procedure and the family was trained on the care of this child. The CPS worker substantiated the medical neglect charge of this child as well as educational neglect of the older sibling.

Currently the services involved with this family are focused on the medical needs of the child. There is 16 hour/day nursing care in the home and a medical case manager to insure that the correct supplies and services are provided as they pertain to the child's medical care. The older sibling has since started into a specialized educational program to meet his educational needs.

### **Child's Current Status**

The overall status of the child was rated as favorable. The child's medical condition has significantly improved since the time of the hospitalization and subsequent medical procedure. Prior to the hospitalization the maternal grandmother was the informal primary caretaker of the child. The biological mother, the child and the oldest sibling have lived with the maternal grandmother for 11 years and, according to the biological mother, have an open invitation to continue living there. The biological father and other siblings have a permanent residence in Maryland, for education reasons, but are at the maternal grandmother's house daily. The biological mother verbalized her wish to have a place of her own so that her family could reside together.

The medical case manager also stated that the primary doctor has been pleased with the child's improved medical condition and reports no concerns at this time. In-home nursing hours were increased to 16 hours per day. Both the medical case manager and the home nurse verbalized during their interviews that the biological mother is very involved and responsible as it pertains to the child's health needs, thereby validating the appropriateness of the home placement. Educational services were discussed with both the family and the professionals involved in the case and all reported that at this time no contact has been made with DCPS for an assessment. The biological mother reported that she had plans to contact DCPS so that educational services could be started for the child as she approaches school age.

**Parent/Caregiver's Status**

The parent status of the child was rated in the maintenance area as the mother and father seem to be meeting the needs of the child despite her medical fragility. The biological mother is the primary caretaker of this child. The medical case manager and home nurse report that the mother has participated in the proper training to care for the child at home and has demonstrated skill and ability in caring for the child both during the day in the presence of the nurse and in the overnight hours when there is no nursing care. In fact, the nurse was so impressed with the mother's medical skills that she encouraged her to go back to school and get her nursing assistant certificate. While the review team was at the house interviewing family members the medical supplies were delivered, the mother took the time to carefully review the supplies and ensure the needed supplies had been delivered; there appeared to be significant quantities of medical supplies in the house.

Although the mother has demonstrated an ability to care for her child, she verbalized feeling overwhelmed by the demands of her family. The biological father and maternal grandmother still have to be trained on the care of the child as it pertains to her medical procedure. The mother stated that she would welcome support from CFSA. She further stated that she has not heard from her social worker since July and was not aware that the social worker has since left the agency. The mother stated that she would like a phone call from a social worker to check in with her and the family, and feels the support would only benefit her family. She further stated that she would like assistance in finding housing large enough to accommodate her entire family including the five children and their father.

The mother had demonstrated resourcefulness in meeting her family's needs. By all reports and observations she is very active in the decisions of the house and care of the child. It should also be noted that she successfully advocated for a special education advocate for her son; he has since been placed in a special education school that would more appropriately meet his needs. Due to the limited involvement she has had with CFSA she has not had the opportunity to actively participate in child welfare decisions; however, her behavior outside of child welfare indicates she would be a willing participant.

**Factors Contributing to Favorable Status**

This family has demonstrated considerable resourcefulness in meeting the needs of five young children including the child, who is medically fragile. The family has ensured that the medical needs of the child are met by those capable and that all needed supplies are present. There is obvious love between the siblings and family members as the nurse reports that the children and family often spend time in the child's room playing with her. The health, safety, emotional well-being of the children and the stability of the living arrangement are all factors which contribute to the favorable rating of this family.

**Factors Contributing to Unfavorable Status**

The only area that received an unfavorable rating was the academic and learning status of the child. The public school system has not been contacted to begin early intervention services for a child who has special education needs. The mother planned to initiate that contact to ensure that the child's needs were assessed and addressed prior to her fifth birthday and the formal start of school.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

The medical needs of the child are being addressed and there are no expressed concerns by the primary care doctor or medical case manager. The service system addressing the child's medical needs are tracking the child's needs and the services/supplies needed by the family to support the child. In-home nursing is provided 16 hours a day and is reliable during the week. The family has formed a relationship with both nurses on the weekday shifts. The medical case manager and family are working on a more reliable nursing service for the weekend hours.

### **What's Not Working Now and Why**

There have been consistent breakdowns between CFSA staff, between CFSA and other service providers, and between CFSA and the family. Since the case was transferred from investigations to home-based services, three months ago, there has been one visit by a CFSA social worker to the family. Furthermore, the family is not aware that the original social worker left the agency at the beginning of September. It became evident during this review that there was not a clear reassignment process for this case when both the social worker and supervisor left the agency. The current social work associate, who was assigned the case two weeks prior to the review, stated she was informed that the case was assigned to her for two weeks until a permanent assignment is made. There did not seem to be a clear understanding of why there were no transfer staffings when CFSA workers left and on which case load this family would remain. This uncertainty resulted in a lack of services to the family.

There have been significant breakdowns in the communication among professionals. The medical service providers stated they were not aware of CFSA involvement until the QSR despite the fact that it was medical neglect that brought the family into care. This results in the absence of a service team to coordinate care for this family. The lack of communication, coordination or team functioning clearly makes it evident that case goals were not formulated in conjunction with the family and implementation has not occurred. No one involved in the case could say what it would take for the case to be closed.

### **Six-Month Forecast/Stability of Findings**

Despite the lack of service coordination or professional communication, the forecast for this family is to remain status quo. The child's medical condition has stabilized and medical supports are in place. The mother has proven herself to be very resourceful and has been maintaining the family without CFSA's involvement. The family does remain at risk for increased stress, and steps should be taken to ensure that adequate supports are in place for the parents.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- The most urgent next step is for a CFSA worker to contact this family. The mother verbalized openness to a relationship with CFSA and has requested additional support. Through the QSR process the social work supervisor, social work assistant and program manager were made aware of the lack of contact CFSA has had with this family. The mother stated that she would benefit from a professional calling her to check in on a regular basis.
- This family would benefit from a referral to the neighborhood collaborative for ongoing community support. Additionally, the collaborative can assist the family in finding larger housing to accommodate the entire family.
- CFSA should also contact the other service providers to begin the formulation of a working team.
- A referral should be made to the public school system for an educational assessment of the child. She is eligible for services and the process for accessing those services should begin.

### **CPS Investigation**

It is important to note that the May report of medical neglect came while an allegation of sexual abuse of the child was being investigated. The CPS worker for this case reported that in December 2004, a nurse made the report of sexual abuse of the child. The mother was aware of this allegation and stated that she spoke to someone from CFSA in December, and then in January she received a notice to take the child to the doctor. After that notice she heard nothing else from CFSA, resulting in her thinking that the case was closed. In April 2005, the investigation was assigned to the CPS worker interviewed for the QSR, who stated that she was assigned this case as overflow from another investigation unit. She was in the process of investigating the December 2004, sexual abuse allegation when the medical neglect report was made in May 2005. She substantiated the medical neglect and determined the sexual abuse to be unfounded. The investigation was closed after the medical neglect case was substantiated. From the information gathered



and documentation reviewed it appears as if the sexual abuse investigation sat on a desk for three months after a CPS worker left the agency.

As it pertains to the allegation of medical neglect of the child, the review concluded that the CPS worker conducted a thorough assessment and appropriately assessed risk to the child. During the investigation the child was hospitalized, which ensured the child was safe from harm, but the worker recognized that the stress of the situation placed the family at increased risk upon the child's discharge and a mechanism for monitoring the family and ensuring adequate support services were in place was necessary. The medical fragility of the child underscored the need for the family to be monitored until supports could be implemented. The CPS worker interviewed all appropriate parties and managed to work with a family that was hostile to CFSA involvement.

## **Written Case Review Summary**

Case 2

Review Date: September 28, 2005

Child's Placement: In-home

### **Persons Interviewed (7)**

Former In-Home and Reunification social worker, In-home and Reunification supervisor, CPS social worker, social worker from the shelter, teacher, mother and child

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child is a ten-year-old African-American female who is currently living in a shelter with her mother. They have been residing at the shelter for approximately one year and have a history of unstable living arrangements due to domestic violence and the mother's history of substance abuse. The child's step-father was released from prison within the past four months but has not had contact with the child. The birth father is not involved. The mother contacted the agency indicating that she needed help; she relapsed into using drugs after being clean for two years and was being forced to prostitute herself to pay off debts to drug dealers. She requested help for herself and her daughter because she felt she was not receiving it from the shelter. The mother is currently receiving group and individual therapy, domestic violence counseling, attends substance abuse support groups, has a job coach and is receiving services to obtain housing. The child receives tutoring and mentoring services, and is involved in several community programs.

### **Child's Current Status**

The child is generally safe at the shelter though there are concerns about the mother leaving her with other residents for extended periods of time. The child's stability at home and school are at risk due to the mother's violations of the shelter rules; if terminated from the shelter program, the child would most likely have to change schools. The living situation is temporary, and permanent housing is needed. Due to the fact that the child is living in a shelter in a primarily Latino community, her physical and cultural needs are minimally met. Family stabilization is an achievable goal, but without appropriate services in place for the mother, there is a risk that the child will enter foster care. The child is in good physical health with managed allergies; her vision is poor and she is in need of glasses, but the mother is adequately addressing this need. The child is very pleasant with no behavioral problems at home but is disruptive in class due to her inability to see. She is involved in many activities including two leadership development programs for young females, a mentoring program, and tutoring. Additionally, she spends time on the weekends with her adult brother, maternal grandmother and paternal grandfather. She and her mother are attending family therapy through a domestic violence program.

### **Parent/Caregiver's Status**

The mother has bi-polar disorder, in addition to a history of substance abuse and domestic violence. Her current behaviors are placing housing at risk, though her attitude has improved. The mother has been participating in therapy but not with a consistent therapist; additionally, she is in need of a medication reassessment. The mother addresses the physical and emotional needs of her daughter; however, she has not identified an appropriate plan of supervision for her daughter during evening hours. The mother and child share a close bond and participate together in activities such as homework, reading, cooking and household chores. Though there has been a history of non-attendance at school, the mother has made efforts to ensure the child's attendance this year.

**Factors Contributing to Favorable Status**

The mother has many identifiable strengths. She has good insight into her mental health status, her addictions, and her daughter's needs in particular; additionally, she uses appropriate discipline. She is motivated to change and to improve her current situation because she wants a better life for her daughter. Staff at the shelter reported that her attitude improved significantly during the month up to the review, and has not used drugs again since her relapse. The mother is resourceful and independently sought out all of the services for her and her child without assistance. She involves her daughter in community activities and family therapy surrounding domestic violence so that she will become a "well-adjusted adult." She identifies her child as her "rock" which keeps her strong. The mother is willing to work with several agencies and to receive services. She is skilled, has maintained employment in the past and was recently selected to participate in an apprenticeship program.

Despite living in a shelter, the child is age-appropriate in her responsibilities and behavior; her adaptability is impressive for her age. She is very passionate about sports and reading and has a close-bond with her mother; when asked to identify three wishes, the child "donated" her second wish to her mother.

**Factors Contributing to Unfavorable Status**

The lack of permanent housing and potential for disruption are of concern. The mother violated her contract with the shelter twelve times in the past month. Although housing options have been presented, the mother has declined the housing offers due to the locations in neighborhoods with a high rate of gang activity and drug use. As a result, school disruption is also possible. Because of the mother's history of substance abuse, mental health issues, and non-compliance with the shelter rules, there is a substantial chance that the child could be removed from her care if she does not continue to utilize the services provided. There have been several incidences of the child having been left without "appropriate" supervision; however, there is not congruence between the mother and shelter about what is "appropriate supervision." The mother's progress toward safe case closure has been inconsistent since the case opened. The child feels discriminated against in her school as she is the minority, and is falling behind due to her inattentiveness in class.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

The child and mother are engaged in services and feel connected to their workers and service providers. The mother independently obtained appropriate services to maintain the child in the home with her. The child is supported through many programs, which she participates in after school. Additionally, both the mother and child have the support of extended family members and the child is well-connected to her relatives.

**What's Not Working Now and Why**

Though all of the appropriate services are implemented in this case, there is no coordination between the providers from differing organizations. Though there appears to be a point-person working with the mother at each of the service provider locations, there is no leader on the case overall, and the provision of services is very disjointed. The mother is currently working with at least three different social workers and is receiving services from five unconnected providers for case management, housing, substance abuse and mental health treatment. There has been no contact with the school this academic year – despite the fact that the case was substantiated for educational neglect – nor was the school aware that the child is receiving tutoring and therapy.

Team formation is almost absent, which is causing overlaps and gaps in service provision and a lack of understanding about the family's current needs. Referrals were made for services that the mother has

already secured on her own accord, but other needs have not been addressed. There has also been lack of critical information sharing; the history of domestic violence was not discussed in the transfer staffing, and the fact that a new allegation of medical neglect was under investigation had not been communicated to the social worker and supervisor on the case. There is little clarity about what needs to occur in order to stabilize the family and close the case. The case plan does not identify any new initiatives, outcome-oriented goals, or timelines for case closure; as such, neither the mother nor other parties were fully aware of what is expected.

### **Six-Month Forecast/Stability of Findings**

Based on the review finding, it is projected that the child's situation will remain status quo. The mother has shown positive attitude changes and insight into her personal challenges in the past month. Additionally, she is resourceful and willing to obtain services and support as needed for herself and her child, has maintained her sobriety and is active with her mental health treatment services.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Follow-up on new CPS referral and investigation
- CFSA social worker to coordinate with the mother and all service providers for a team meeting.
- Define case plan goals with specified outcome expectations and timelines for completion.
- Follow-up on referrals, particularly as related to mother's individual therapy.

### **CPS Investigation**

The CPS worker conducted interviews with appropriate core contacts including the child, mother, school personnel, shelter staff and the child's physician. The risk assessment appropriately identified the mother's long-standing issues of substance abuse and mental health concerns and the need to address these on an ongoing basis, but also identified the strengths of the family. The family history of domestic violence was noted and it was identified that there were excessive absences throughout the school year. A safety plan to address the lack of supervision was not identified.

The investigation was thorough and accurate; however, there are some identified concerns. Though the initial worker responded within 24 hours, the case was transferred to a worker who was on leave and the family was not seen for another five days. The mother stated that she had made a difficult decision and "cried to CFSA for help," but she did not receive any immediate assistance and had to seek out drug treatment services on her own. The mother felt that the investigation was conducted with "preconceived notions and generalized views," and that she was labeled as "guilty" before the investigation began. A concern was also expressed regarding the agency's focus on helping the child, rather than the child and family. The investigation was rated acceptable but in the refinement zone.

Additionally (though not included in the rating), a local hospital made a new report of medical neglect and lack of supervision during the weekend prior to the review. CPS did not provide this information to the social worker and supervisor on the case, though the investigation notes were input in the electronic case notes. The CPS referral was "screened out" and connected to the ongoing case.

## Written Case Review Summary

Case 3

Review Date: September 26, 2005

Child's Placement: In-home

### Persons Interviewed (8)

Ongoing social worker, supervisor, CPS social worker, principal, parent's therapist, mother, focus child, guardian *ad litem*

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child is an 11-year-old boy of African-American and Korean-American descent. His mother is African-American; his father is biracial, African-American and Korean-American. In May of 2005 CFSA received reports from the child's school that he had bruises on his back, neck, and face. The child initially stated that he was attacked by a group of boys the night before but later admitted that his mother had beat him with a belt and kicked him for coming home late from school, about 8pm, the night before. During her first interview with the investigator, his mother initially denied hitting him but then explained that the child had returned home late from school a few times within the preceding weeks and that this was the first time she had hit him.

The child and his two year-old sister were removed from home and placed together in non-kinship care. They remained together in that home for almost two weeks but were separated when the child ran away from the foster home, taking his sister. He spent four days in another foster home but reunited with his sister at his maternal grandmother's home. His sister remained at the grandmother's home for about a month before returning home. The child spent a bit over two months at the grandmother's home before returning home.

In the risk assessment tool completed by the child protection social worker, there is a reference to a history of domestic violence but no notes or narrative supporting this assessment. The family case plan also refers to a history of domestic violence, but this is not part of the goals of the ongoing work with the family. The goals of the child service plan are to: maintain self-control; achieve emotional stability and/or mental wellness; build a relationship with a positive role model; maintain physical health; and successfully complete the school year. The goals of the family plan are: maintain self-control; use appropriate discipline with the children; participate in decision-making in school; maintain health of self and children; and maintain employment. The services provided to the family include foster care placement, a parenting class, family therapy, individual therapy for the mother, some family therapy sessions, and psychological, psycho-educational, and psychiatric evaluations for the child.

### **Child's Current Status**

Safety status at school, appropriateness of placement at home, physical well-being, and academic and learning status are all rated positively. Safety, at home and in the community, is an issue for the child. The reviewers heard of one recent incident of the child being accosted by boys in his neighborhood. Both the child and his mother report that his peers picked on him because he appears Asian.

Given the opportunity, the child will wander off around the neighborhood when he is supposed to be somewhere else; instead of going directly to school in the morning, he goes in the other direction – to a store, for instance. His emotional well-being, both at home and school; responsible behavior; and social supports are areas that need refinement. The child has little opportunity for recreation with his peers. There is a Boys and Girls Club in his neighborhood, but there is realistic concern about the fact that if he

is not highly supervised, he cannot be trusted. Since he has lived in four different places in the past four months, the stability of home is deemed in the refinement zone.

The only status rating for his status that is problematic at this time is the stability of his school placement. The child attended a charter school last school year, but that school has since closed. He did not do well behaviorally in that school. He received an 'F' for citizenship for not following rules and poor conduct. His mother reportedly requested assistance from the school to address his behaviors to no avail. The child attended another charter school this summer and continues in that school. This new school has zero tolerance for what one may consider normal latency stage behavior. The child was recently diagnosed with ADHD by a court-ordered evaluator at a local hospital's child study center, and he is at high-risk for not successfully completing the semester at this school. He has had several in-school suspensions and one out-of-school suspension for mumbling under his breath which was as his principal said was "the last straw" since the child was already on in-school suspension at the time for calling another student "gay."

### **Parent/Caregiver's Status**

The overall parent status is fair. Both parents are supportive of their children. They participate in decisions about services they receive and are making progress in addressing the issues that brought them to the agency's attention. They recognized need for clinical intervention, are open to interventions, and are motivated to maintain the children safely at home. One point of contention between the parents is that the child's mother is adamantly opposed to him taking a stimulant, which is recommended by an evaluator who saw him recently, but his father is not. The child is aware of the situation and sides with his mother's opinion. He says he "will not take drugs." The child, his mother, and the parent's therapist describe the father's behaviors towards the mother as controlling and aggressive.

### **Factors Contributing to Favorable Status**

The child's risky or defiant behavior in the community has decreased. There have been no other incidents of corporal punishment, and the mother has been able to use what she has learned through clinical interventions to manage behavioral challenges at home. She now makes all efforts to drop the child off and pick him up from school each day. His father was initially opposed to his mother working outside of the home, but she now has a full-time job, which she enjoys, and her daughter is in daycare.

### **Factors Contributing to Unfavorable Status**

The child continues to exhibit minor behavioral challenges at school and home. His emotional status is fair now, but there are some emerging concerns. His principal and teachers describe him as sullen and a daydreamer. He is often distractible and disruptive in school. His school has zero tolerance for the behaviors he presents and has suspended him for seemingly minor infractions. The risk that he will not complete the school year at this school is very high. The child internalizes and blames himself for not being able to sit still and control himself. The interactions between the child's parents, the effect on the children, and the impact on safe case closure in the future are also emerging concerns.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

While core practice performance ratings are scattered, the foundation of the work that needs to be done with this family has been set. The parents are engaged in a change process, and services have been implemented to help them achieve case goals. This should support the next steps that need to be taken in the case.

Most importantly, engagement – both efforts to engage and the present level of engagement with the parents and children – are solidly in the maintenance zone. The implementation of services for the parents is also a strength in this case.

**What's Working Now**

The CFSA Social worker has established a good working relationship with the mother and mother is very satisfied with the services and outcome so far of her involvement with CFSA. The clinician working with the parents has a good understanding of the needs of the mother and father as individuals, as a couple and as parents. She also seems to have established a good working relationship with them.

**What's Not Working Now and Why**

Most of the right people are working on behalf of this family, but they have not formed a team to assess, plan, or share information, and they are not working together. There was a delay in securing assessments for the child, perhaps due to the fact that judge ordered particular evaluators. Those persons have reportedly now completed evaluations (with no input from the child's school), but the results have not yet been shared with all members of the team. In the meantime, the child has received no clinical interventions to address his behavioral and emotional issues. Coordination and leadership, team functioning, shared assessment and understanding of the strengths and needs of this child and family, fulfilling the need for informal supports to the child and his mother are all some areas of practice needing refinement.

**Six-Month Forecast/Stability of Findings**

The child's current status is fair but is predicted to decline before improving, especially given the situation at this school and the uncertainty about whether he and his parents will follow the recommendation for medication.

**Practical Steps to Sustain Success and Overcome Current Problems**

- Continue the trust-based relationship and maintain this good level of engagement with the family.
- Recognize, as the mother, therapist, and the child do, that the dynamics between the parents have an impact on the children and are an issue that needs to be monitored and addressed.
- Address the child's emotional and behavioral needs
- Bring the team together to discuss the results of the child's evaluations.
- Immediately assign a member of the team to serve as an interim liaison to the school in partnership with mom; the permanent liaison who assists the school in managing and addressing the child's behavior could be his ongoing therapist, once he has one.
- Initiate ongoing therapy for the child (likes to talk and even told us that he finds it good to "talk and get things off his chest.")
- Refer parents to a support and educational group for parents of children with
- ADHD.
- Continue to explore a mentor for the child (easier to assign a mentor for a child in care and more difficult to find mentor to serve a child in the child's neighborhood).

**CPS Investigation**

The work on this case during the investigation phase showed an overall good assessment of risk and of the family situation and included appropriate interviews with all persons needed to assess safety and risk. The documentation of the history of domestic violence, however, was missing, and that information got lost in the transfer process from Child Protection.

## **Written Case Review Summary**

Case 4

Reviewed: September 26, 2005

Placement: In-home

### **Persons Interviewed (5)**

In-home and Reunification social worker, In-home and Reunification supervisory social worker, In-home and Reunification program manager, Child Protective Services worker, great-grandmother

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child under review is a three-month-old African-American female. The case opened in June 2005, because the mother and child tested positive for cocaine when the child was born. The family is composed of the child, her mother, father, maternal great-uncle, and maternal great-grandmother (74-years-old).

The only current service provider is CFSA. A drug treatment program was set up, but the mother did not attend. The social worker has made a referral for an infant monitoring program. This service has not yet begun, and the worker is following up to find out what the barrier is. The social worker is also communicating with a local collaborative to work together to transition the case from CFSA to the community. Although there have been barriers to getting this service started, the worker anticipates it will begin soon. A drug treatment program with additional parenting elements was identified for the mother, and she was enrolled, but she did not attend the first day, despite verbally agreeing to go.

### **Child's Current Status**

Until recently, the child was doing very well in all areas of her life. She was living in a stable and supportive environment with her parents and extended family members. Her needs were being met consistently, both physically and emotionally. There were no concerns about developmental delays or health problems. Four days before the review, there was an altercation between the child's parents and her great-grandmother and uncle, and her mother took her and has not been in touch with her family or the social worker since. Because the child is very young and there are concerns about her mother using drugs, there is a serious safety issue. It is unknown where the child is staying or if her needs are being met. The great-grandmother said she would be a placement resource for the child if she were removed, but she will not allow the mother back into her home until she is sure she is free from drugs. Depending on the situation with the child's mother, the child could be removed as a result of this incident, which would be disruptive to her life.

### **Parent/Caregiver's Status**

The mother is a 36-year-old African-American female with no children other than the target child, and she has been married to her daughter's father for four years. She has 15 years of work experience in the medical field. The mother has continuously denied any drug use but verbally agreed to attend a drug treatment program that also includes parenting skills. She was living with her maternal grandmother after the birth of her daughter. Four days before the review, the mother was accused of stealing money from her great-uncle, who also lived in the home. She gave back a portion of the money, but the altercation spread to the father and the great-grandmother. At one point the father, who has been in jail because of drug-related crimes, became physically aggressive with the great-grandmother, and she fell and hit her head, requiring a trip to the hospital. There is a concern that the mother stole the money in order to buy drugs, which would put her and the child at great risk. The mother and father left with the child and had not been heard from at the time of the review. Therefore, the status of the parents is unknown.



**Factors Contributing to Favorable Status**

The child has not had any reported health problems. She is developmentally on target for her age. Prior to the incident that led to the family leaving the great-grandmother's home, they were all described as very loving to the child – “spoiling” her with attention and toys and making sure she was well taken care of.

**Factors Contributing to Unfavorable Status**

The child's whereabouts are unknown, which means her safety is in jeopardy. The stability of her living situation is in flux, as her great-grandmother has said she will not allow the mother back into her house until she deals with her problems.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

The social worker has engaged the family and made consistent visits to monitor their progress. The social worker has been diligently following up on referrals to coordinate services for the family. She has been working with a local collaborative agency, an infant monitoring program, and a drug treatment program. She has been working according to an explicit timeline that all parties are aware of. Resource availability has been good for this family, especially the drug treatment program that also incorporates parenting skills for this first-time mother.

**What's Not Working Now and Why**

Because the services are not all in place, there has not been adequate team formation. The social worker communicates with all potential service providers, but they have yet to work together collectively. Implementation is also in the refinement zone. While appropriate services are in process, they have not yet been implemented for the family or child.

**Six-Month Forecast/Stability of Findings**

It is expected that this case will decline in the next six months. Because the child has recently experienced a placement disruption and the great-grandmother has said she will not allow the mother back into her home at the present time, she will most likely experience further instability. There is a concern that the mother is using drugs, which could lead to the child's removal and the court becoming involved.

**Practical Steps to Sustain Success and Overcome Current Problems**

- It is vital that the child be located and her safety assessed. The social worker was advised to begin the pre-petition process so the police could participate in looking for the child and the court could become involved if necessary.
- Once the child is located, the social worker should continue implementing services to the family that are not yet in place. She may need to revisit the timeline for case closure in light of recent events.
- The mother's drug problem should be assessed and addressed.

**CPS Investigation**

The investigation was thorough. The CPS worker spoke with hospital personnel, the mother, and the great-grandmother, and she saw the baby. She observed the home and saw that there were plenty of supplies for the baby. She discussed the repercussions if the mother were to be caught using drugs again and documented that the mother denied using drugs. The investigation was carried out and transferred in a timely manner.

## **Written Case Review Summary**

Case 5

Date of the Review: October 3, 2005

Child Placement: In-home

### **Persons Interviewed (7)**

Biological mother, CPS social worker, ongoing social worker, ongoing supervisor, child's teacher, focus child, maternal grandmother.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The target child is a nine-year-old African American female who is currently residing with her birth family in DC. She and her family became involved with CFSA after three neglect referrals for lack of supervision and one referral for both lack of supervision and physical abuse. It was reported on numerous occasions that the child and her siblings (ages 10 and 3) had been left alone in their home without any adult supervision for long periods of time.

In January 2005, the first referral was reported after the child and her siblings were left home alone while their mother was attending a Super Bowl party at a local bar. As a result, the youngest child was temporarily removed from the home until the mother could be located. A Family Team Meeting (FTM) was held soon after the removal. At the FTM, a safety plan was created and the mother was asked to complete parenting classes. The case was closed shortly after the meeting was held. After the first referral, two more referrals for lack of supervision were received and investigated, but not substantiated.

In June 2005, the target child's school made a fourth report. Staff reported that the child and her older brother were afraid to go home because they were left home a lot and their mother was physically abusive to them. This referral was investigated for both physical abuse and neglect. During the mother's interview, she admitted to leaving the children alone. Also, she acknowledged that she had awakened and disciplined the children in the middle of the night for breaking the living room blind. During the children's interview at the school, both the child and her brother recounted the incident with the broken blind. They stated that their mother had beaten them for the incident in middle of the night. The investigative social worker checked the child and her brother for bruises and did not see any evidence physical abuse. As result of the investigation, the physical abuse was unfounded, but the neglect was substantiated. With the history of the multiple neglect referrals, the agency decided to re-open the case. At the time of the review, the case was not court involved and all three children were living at home with their mother.

Since opening the case, CFSA has provided financial assistance to for a utility bill and a daycare referral for the child's younger sibling. The daycare referral has never resulted in receipt of daycare.

### **Child's Current Status**

Presently, the child is doing fine. She is in a stable and secure home with her biological mother and her two siblings. Informants described the child as an average nine year old girl with a lovely personality. At this time, the child is up to date with all of her physicals as well as her immunizations.

The target child is in the fourth grade and attending a private school in Northwest DC. Her daily attendance is good, but she does not arrive to school on time. Academically, the child is not performing to her ability. She is currently reading below grade level and not doing well in mathematics. It is reported that the child has great potential to excel in school but lacks focus and seems preoccupied with other thoughts. It is not clear at this time if any testing has been conducted to determine the reason for her lack of focus. The child's parents are aware of problems and they are concerned, but do not appear to have acted on their concerns. With assistance from the school, the child has recently been placed in an after-school program that provides individual tutoring to students.

#### **Parent/Caregiver's Status**

The child's parents' are caring and loving. Both of the parents ensure that the child and her siblings are living in a supportive and stable home. All of the children's basic needs are being met.

Although the child's parents do not live together, her father makes sure that he is very involved in her life. On a daily basis, the father picks up his child and her brother from the after-school program and makes sure that they arrive home safely. In addition, he participates in any decision-making process that involves his children and their well being.

The child's mother is resourceful and determined. Unhappy with the DC Public School system, she decided to locate the financial assistance to place her children in private school. It was reported that the child's mother is involved at the school. She attends parent/teacher conferences and calls the school periodically to check on the children's academic progress. In contrast, however, she struggles to get her children to school on time (it was reported that they are late everyday). Additionally, there was some concern that she does not provide her daughter with all of the support at home necessary to encourage academic development outside of school.

The mother's resourcefulness goes beyond locating educational resources for her children. Since the family's case opened with CFSA in June 2005, she has been compliant with the agency's recommendations, though frustrated with the limited resources provided to the family by the agency. When the agency recommended parenting classes for the mother, she located and attended the class on her own. Dissatisfied with DC Public School's performance, she located financial resources to pay for her children's tuition for private school. Most recently, she has been asking the agency to help her with child care for her youngest son so she can go back to work, and she has not received that service.

#### **Factors Contributing to Favorable Status**

The primary factors contributing to a favorable status in this case are the child's home placement, and the support the child receives from her parents. The child is living in stable and caring home with her biological mother and siblings and has frequent and positive interaction with her father. Additionally, she attends a private school where she is receiving individualized attention to help address her academic challenges.

#### **Factors Contributing to Unfavorable Status**

The primary factor contributing to unfavorable status in this case is still supervision. The mother is resourceful and is focused on providing her children with a loving home and a good school, but she does not have the resources she needs to provide constant supervision to her three children. She is in need of child care and has not been able to resolve this issue on her own or with the support of the agency. Though leaving the children unsupervised is the reason this case was opened, it has not been addressed or resolved and is still a concern.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

The overall system performance for this case was fair and needs some refinement. Since the child and her siblings were not removed from their biological mother's care, this case did not have any court involvement. In July 2005, this case was opened for services and monitoring. During the week of Quality Service Review (QSR) this particular case was closed without any clear understanding of the supervision and safety plan for this family. This raised some concerns for the reviewers.

### **What's Working Now**

The case was investigated and transferred in a timely manner. The social worker was identified as the leader and coordinator of this case.

### **What's Not Working Now and Why**

The primary problem in this case was the system's lack of involvement with this family while this case was open. Since the case opened for services in late July 2005, the social worker met with the mother only twice. There has been very limited team functioning and formation on this case. Efforts to engage the family in case planning and in any discussion of requirements needed to safely close the case were almost nonexistent. The family's needs were never thoroughly assessed; the social worker was unaware of the child's problems in school and the need for tutoring and possible educational assessment services; and the case plan was very general and did not address the family specific and identified needs.

### **Six-Month Forecast/Stability of Findings**

The status of the child and her family will remain the same in the next six month. The reason for the case being opened for services was never addressed before the case was closed. It is very likely that this case will be referred to the hotline again for lack of supervision and the family will become involved with the CFSA once again.

### **Practical Steps to Sustain Success and Overcome Current Problems**

This case was closed immediately after the review was completed and before reviewers made recommendations to the social worker and supervisor. The quick closing of the case was a surprise to the reviewers because the primary reason for the case being opened had not been thoroughly addressed. The following recommendations were applicable to the case prior to its closing.

- **Safe Case Closure.** It was not clear to the mother what requirements she needed to meet in order for the case to be closed. CFSA and the mother should develop a plan for safe case closure. This plan should clearly define what the mother needs in order to properly supervise her children, when she needs those things, and how the agency can help her get her needs met.
- **Resource Availability.** The mother has been asking for child care for her youngest child since the case opened and the agency has not been able to help her figure out how to make this happen. Is there anything that can be done to help this mom get the child care and support she needs?
- **Assessment.** The child's academic progress and her inability to focus in school need to be looked at more closely. Additionally, it is imperative that the child gets to school on time. The agency must work with the mother and the school to address the issue of tardiness.

### **CPS Investigation**

Overall, the investigations of all the referrals were done in an orderly and timely fashion. The assessments to identify key risks and safety issues for this family were adequate; however, there

was no clear safety plan for the child and her siblings when the mother was not around to provide proper supervision.

## **Written Case Review Summary**

Case 6

Review Date: September 28, 2005

Child's Placement: Foster Care

Persons Interviewed (6)

AAG (assistant attorney general), CFSA social worker, CFSA supervisory social worker, guardian *ad litem*, mother, pre-adoptive foster parent

### **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

#### **Facts About the Child and Family**

The child is an African-American female child who just turned 2 years old in May 2005. She is currently living with her pre-adoptive family in a CFSA foster home. The child came to the attention of Child and Family Services Agency in May 2003 at her birth when she tested positive for cocaine and her natural mother tested positive for marijuana. The mother initially expressed an interest in placing the child for adoption and later changed her mind. The private adoption agency that had been working with the family had some concerns with this plan and the mother's ability to provide care for the child. The mother had a history of substance abuse. A report was made to the CFSA Hotline; the case was investigated and substantiated. The child was subsequently placed at an infant and maternity home in June 2003. The child remained there until October 2003, at which time she was placed in her current pre-adoptive home. Once the child was placed in the current home the mother did visit with the child for approximately a month. The mother did not contact CFSA staff to request additional visits.

#### **Child's Current Status**

The child has been in her current pre-adoptive placement since October 2003 and is the only child in this home. She is not prescribed any medication at this time. It is reported, however, that the child is allergic to several things, such as regular milk and eggs. The pre-adoptive parent reported that the child can only consume soy milk. She is not a school age child and therefore educational services are not received at this time. The child's status is very favorable. Therefore, efforts should be made to maintain and build upon this positive situation. Her family, legal, and community domains are stable at this time. Safety for the home and daycare were rated in the maintenance zone, as were stability. The child is not at risk for a change in placement from her pre-adoptive foster care home. This is especially positive since the child has remained in this home for almost two years and bonded a great deal with the adoptive parents.

The child had a developmental evaluation and was found to be on target with all her developmental milestones. There were no follow-up recommendations at the time. She does have food allergies to eggs, fruit, and milk. She is followed by a private physician and there are no concerns at this time. There are no medications currently prescribed for the child.

Caregiver supports for the child was rated in the maintenance zone and will likely remain at that high level. The pre-adoptive parent seems extremely committed to the child, signing an Intent to Adopt in October, 2004 and subsequently filing a petition to adopt in May, 2005. The pre-adoptive parent verbalized a willingness to ensure that the child's needs as identified are met.

**Parent/Caregiver's Status**

According to record review and interview the parent of the child is single. She had a total of five children. Three of these children were adopted. The mother has one son who has remain in her care. This child is enrolled in his neighborhood school. There have been no reports regarding the care of this child. The mother has not had any contact with the focus child since October 2003. The child in the mother's care has never met and visited with the focus child. The children who were adopted do not have any contact with the mother, the child in her care, or the focus child. The mother is currently living in DC with her five-year old son and other borders. It is reported that the mother is not working outside of the home at this time. The mother stated that she consents to the adoption of the focus child and is willing to document this plan. The mother did sign a written consent; however, it was not notarized. She stated that giving consent is the best she can do for the child. There are no plans for visitation between the mother and the child. The mother has submitted an affidavit stating the natural father of the child is unknown.

**Factors Contributing to Favorable Status**

The child is not at risk of removal from her pre-adoptive foster home placement at this time. Her status is both safe and stable. The permanency prospects for the child seem favorable since she has been remained stable in a pre-adoptive foster home placement since October 2003. Supportive interventions have been identified for the child and implemented on her behalf. Efforts have also been put forth to meet identified medical and developmental needs. The child's health has been acceptable, although she does have food allergies, but they are being addressed with proper nutrition and routine physical examinations. The child is developing age appropriately.

The level of commitment demonstrated by the pre-adoptive parent also contributes to the highly favorable status of the child. She has submitted an "Intent to Adopt" and filed a petition to adopt the child. The bond between the pre-adoptive parent and the child was positively demonstrated, and the child is in a loving, nurturing environment. The mother is willing to consent to adoption, and she has submitted an affidavit stating natural father is unknown.

**Factors Contributing to Unfavorable Status**

CFSA does not have notarized consent to the adoption from the natural mother.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY**

The System Performance for this case is favorable. The team formation has been completed and the team remains fully functional. The pre-adoptive parent has been engaged in case activities with CFSA staff. She has been promptly informed of requirements in order to achieve next steps. All team members have a clear understanding of the case goal and are implementing efforts to achieve permanency. There are no low indicators for System/Practice Performance. All activities should be maintained and continue optimal performance.

**What's Working Now**

The child is in a stable adoptive foster home environment. CFSA staff and the adoptive foster parent are working diligently towards achieving the permanency goal of adoption. The team is fully aware of the goal, working cohesively, maintaining consistent contact, and completing appropriate follow-up actions.

**What's Not Working Now and Why**

There is only one major factor contributing to unfavorable status, which is outside of case practice. There is now a new law which requires additional clearances for adoptive parents. These clearances must be obtained for every area/jurisdiction that an adult has either worked in or resided in. This caveat has caused major frustration for the pre-adoptive parents in this case because one of them was in the military and has lived in many different places. Obtaining these clearances is taking a long time and is delaying the finalization of this adoption. However, the parents have been supported by CFSA staff in problem-solving in order to obtain these clearances. CFSA staff are now exploring methods to support the pre-adoptive parents financially to address this concern.

**Six-Month Forecast/Stability of Findings**

Based on review findings, over the next six months the child's situation is likely to improve with finalization of her adoption.

**Practical Steps to Sustain Success and Overcome Current Problems**

- CFSA social worker should obtain consent from natural mother.
- CFSA social worker should thoroughly and diligently explore financial and technical support to address the need for additional clearances that are now required per new law.



## **Written Case Review Summary**

Case 7

Review Date: September 26, 2005

Child's Placement: Foster Care

### **Persons Interviewed (10)**

Pre-adoptive parents, the child and her older brother, the older brother's pre-adoptive father, the child's therapist, teacher, social worker, the social worker's supervisor, and the assistant attorney general who handles the case.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

This target child is an 8-year old African American girl who is in a pre-adoptive placement in Maryland. She is part of a sibling group of four known children, two of whom came into care at the same time. In August of 2003, the child and her older brother had been calling a friend saying they were hungry and had not seen their mother. The friend via the police came to the Child and Family Services Agency to find some assistance for the children. The agency placed the children with that same friend, who brought them back about three months later saying she could no longer care for them. They were consequently placed into care in separate foster homes in November of 2003.

There is no question that the child is safe in her current setting. Her pre-adoptive parents are an intact family with one child the same age as the child. The pre-adoptive father is the pastor of his church and his wife has a professional career which requires long hours of work. The pre-adoptive father fills many of the child caring roles as he is more available during after school hours. The child has been receiving individual therapy weekly for the past two years from the same therapist. Some individuals interviewed have not seen progress from this therapy. The therapist is about to change jobs, so someone new will be assigned and there is a transitional opportunity about to occur. The child has a diagnosis of anxiety and that is what she is being treated for but the observation of this reviewer and of some other adults in daily contact with the child do not see the anxiety like behaviors in her. She is however grieving the loss of her biological family and is angry about not being with them.

The child also has a tutor, as she has reportedly had trouble in reading. Her teacher reports that she reads on grade level and has no troubles in this area, but her pre-adoptive father reports that when he assists her in homework, she struggles quite a bit in completing her tasks. Unfortunately, the biological child in this family seems to have no similar troubles in her homework and at times there are comparisons being made that may not be accurate. As the reviewers were unable to speak directly with the tutor, they only have the pre-adoptive father's report that the sessions seem difficult and drawn out.

The worker in this case has been careful to see that both the child and her brother have been able to visit, despite there being no open adoption law in Washington, DC. These visits are not as regular as either child would like but are still taking place and are important to both children.

### **Child's Current Status**

As stated the child is in a very safe placement and seems to be very safe at school as well. She apparently enjoys a good relationship with her pre-adoptive family's biological daughter and calls her sister at school.

In contrast, the reviewer finds that there are some serious concerns about stability. Apparently the pre-adoptive parents are having some second thoughts and while they have had ample opportunity to file their adoption petition, they have not done so and just missed a chance to have some of the costs subsidized by a special grant, as they are not financially eligible for a pro bono attorney. Others interviewed also knew of their current hesitance and it is imperative that this concern be addressed as soon as possible. While it does not appear that the child has bonded with her “mom” and “dad”, even after living with them for the past four months, she is bonding with their biological daughter.

The pre-adoptive father of her brother had once asked to adopt the child as well, but just three days before she was to move in with them, the placement was called off. This was due primarily to the fact that the pre-adoptive father has been providing three emergency shelter beds for teen boys. Several of the agency staff had safety concerns about this arrangement. The worker did contact the therapists for both children as well as the attorneys and this placement did not want to disrupt his current boys overnight either. This individual is saying that he would still consider keeping the child and her brother together and that perhaps he should give up the other shelter beds. While shelter would lead one to conclude these were temporary placements, the provider reports he frequently had boys over lengthy periods of time and has been successful in helping these teens complete high school and go on in many cases to post secondary education.

Of course if the home situation does not stabilize, then the chance that school will change again is present. In her foster home last year, the foster mother did not see to it that the child got to school regularly or on time and she was retained at her old school for missing too much school. Fortunately, at the new school she has been in regular attendance and performing very well. It is important to note that several people interviewed thought that the child should have some testing for special education. Her teacher did not believe that was necessary and in our brief interview with the child the reviewers agree that there are no obvious special education needs. In addition, the child’s pre-adoptive family has concerns about her truthfulness but there were no other reports of this issue.

The child’s physical well being has been taken care of; there was some reported delay in her obtaining the glasses she needs which she just recently lost again. All other well-being issues seem to be on target.

One last issue regarding the child is the reports that she is ‘clingy’. This was explained to us as hugging too long and perhaps too tightly; this seems to be from the difference of individuals who are not comfortable with touch or vigorous hugging versus where apparently the child is comfortable. Both reviewers asked for hugs from the child and did not observe any inappropriate clinging or physical touch.

In terms of scoring, the child status indicators came out as acceptable but there are some serious issues to be dealt with before events foreseen occur with no prior preparation or planning.

#### **Parent/Caregiver’s Status**

The pre-adoptive family seems to be receiving the supports they need. They have developed some informal supports for themselves amongst their extended families and church congregation. They have people they know who have already adopted to talk to about the process and how it has affected their families.

It came to light that, due to the mother's long work hours, the coaching and consultation being supplied by the case worker is not being heard by the mother, as she is seldom home when these sessions occur.

#### **Factors Contributing to Favorable Status**

The child is in good physical health and currently living in a safe environment. She is achieving at grade level at school and has engaged with her teacher. She does have the services available to her that she may need. She is in a good potential adoptive home. In terms of permanency she has not lingered in care and she is still having a connection to her one biological sibling that came into care at the same time she did.

Her pre-adoptive family, while experiencing some doubts has been through training and has extended family support as well as a supportive church community.

#### **Factors Contributing to Unfavorable Status**

The fact that the child's pre-adoptive placement resource is still in questioning their commitment, along with her last placement not working out at the last minute create some real attachment issues for the child in the future. When we interviewed her the first thing she wished for was to "see her mom." She has not reconciled to the fact that she may be now in a new forever family and she misses her other siblings, an older sister and younger brother whom the agency has not made any connection with on her behalf.

Additionally, the child has been in individual therapy since the age of six, weekly, without apparent benefit. It appeared that her therapist was unable to make a close connection due to a different cultural background and not being a person comfortable with close physical contact with the child

There is also a serious disconnect between the view of the child's teacher and her pre-adoptive parents and apparently her tutor about her scholastic ability and performance. While some parties have been advocating for special education testing, her teacher does not feel that is needed in the least.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now**

Currently, the social worker on this case is doing a very good job of communicating with all the individuals involved in the case, with the exception of the teacher at the new school. While she is well known to each person and the permanency plan is well known and accepted, there is no team that is meeting or functioning to make the long-term or short-term plans for the child. Due to the current lack of teaming, assessments have not been conducted completely nor do the various potential team members all have the pertinent information that is available. The resources that have been made available to the child are the right ones; the struggle has been implementation. The possibility that the pre-adoptive placement may fail is an enormous challenge in the face of the child's feeling of abandonment by her biological mother. The system also does not have information on the siblings who did not come into care and have not made connections for the child with them or preserved them for longevity in a Life Book or like document. The continuing connection with her older brother, however, has been going well, and there seems to be commitment to maintaining that connection should both adoptions go forward as currently planned.

Both pre-adoptive placements are good resources. The DC area is to be commended for having found good options for children who are ready to be adopted and having made those placements in a timely fashion. There seem to be resources available in this case, addressing physical and emotional needs, as well as possible educational needs.

It is important also that in debriefing with the social worker and supervisor on this case that our findings were well received and suggestions accepted with immediate commitments to take action to ameliorate those issues which could be addressed in the short term.

#### **What's Not Working Now and Why**

There has not been a team formed at this stage. As the teaming function is just being introduced in DC, this approach is not yet available to the adoptions program. The future of the child and the variety of opinions about her current status as it relates to education and behavioral/emotional issues can be greatly enhanced by all those surrounding her coming together as a team, not only of professionals but also of some of the informal supports that have been developed by her pre-adoptive family. It is also imperative that the reluctance of the pre-adoptive parents to file their petition to go forward be explored and examined so that any tracking and adjustments that must occur happen as soon as possible.

#### **Six-Month Forecast/Stability of Findings**

If there is no resolution to the life time home for the child and a full understanding of her needs regarding her biological family and need for touch, there is concern that she will decline further into manipulation and inability to tell the truth.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- While the system did not score overall in the acceptable range, there are some ways to turn that around. As a system, making team facilitation available to the adoptions program will greatly enhance cases like the child.
- Some access to utilization review of young children in therapy will be important so children at six years old don't end up in weekly individual therapy for two years with questionable outcomes. As the therapist is about to change, make some recommendations to the provider about issues that may promote a more therapeutic fit for the child.
- Create an opportunity for those involved with the child to get together to share information and make long range plans with a consensus of most practical, culturally appropriate services being provided and long range plans being agreed upon.
- Have a conversation with the family about reluctance to move forward by offering them an appropriate resource to discuss their concerns and fears regarding the future with the child as their daughter.
- Develop a Life Book for the child so she can maintain her connection to her biological family who is very much on her mind.
- As a back up plan, perhaps reengage the child's brother's pre-adoptive home as an alternative.

## **Written Case Review Summary**

Case 8

Review Date: September 26, 2005

Child's Placement: Foster Care

### **Persons Interviewed (14)**

Child and pre-adoptive foster mother, biological mother and maternal grandmother, caseworker and supervisor, teacher, current school therapist, in-home therapist, former assistant attorney general, mentor, former school therapist, guardian *ad litem*, educational advocate.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

This target child is a nine-year-old African-American male who lives with his pre-adoptive mother who is sixty years old. He has lived in this pre-adoptive home for four years. A close friend of the pre-adoptive mother is Grandpa, who does not live in the home but spends much time with the family. The pre-adoptive mother has two adult daughters and several grandchildren who live in the area.

During the child's first three years, his maternal grandmother and maternal aunt were his primary caregivers. During a time when his mother left him with another person, a report of neglect and lack of supervision was made and substantiated. At the time, he was placed back in the care of his maternal grandmother. When it was learned that he was being cared for by his mother, he was placed in foster care. At the time, the child was two and half years old.

When the current pre-adoptive mother, the family member of one of the child's friends from daycare, learned that the child had been placed in foster care, she asked that he be placed with them. She lobbied extensively to have the child placed in their home. Given her age at the time as well as the child's significant special needs, there were agency concerns that she may not be the best match for the child's long term needs.

During his initial time in foster care, the child was placed in several different homes and may have experienced more than seven moves. His behavior became increasingly challenging for his caregivers as well as school staff and his developmental delays became more pronounced. The goal at the time was reunification.

As the result of a required psychiatric evaluation, the child's biological mother was diagnosed as having an Intermittent Explosive Disorder and a Borderline Personality Disorder. She subsequently received some individual and group therapy. She reports that she was required to find stable housing and attend parenting classes. She feels that she was successful in meeting these latter requirements.

The child began visits with his pre-adoptive mother over a six-month period, and he was placed in her home four years ago. At that time, his goal was changed to adoption. Visits with his mother and grandmother were left to the discretion of his therapist. Not long after his placement in his current home, the therapist recommended that the visits with his mother and grandmother be discontinued.

When the child came to the current home, he was unable to eat with utensils, ate his food with his hands, ate food from the trash and off the floor, hoarded food in his room, used inappropriate language quite extensively and did not have social skills with peers or adults. His teeth were in a serious advanced state of decay. He was not able to follow instructions well at home or in school. He was on several different psychotropic medications.

He was diagnosed with Post-Traumatic Stress Disorder and ADHD and learning disabilities. At times, his diagnoses have included Psychotic Disorder, Nightmare Disorder and Oppositional Defiant Disorder. For the last four years he attended a special school for children with behavior disorders.

During the first year of his placement current placement, his pre-adoptive mother and his paternal grandmother filed petitions to adopt him.

There have been three brief psychiatric hospitalizations of the child when his behaviors were beyond the ability of the school professionals and his pre-adoptive mother to handle. His pre-adoptive mother did not feel that his needs were well-met at the psychiatric facility where the first hospitalization occurred. She felt the restraints used, both physical and chemical, were inappropriate.

As a result of the last admission and concerns about the suicide/homicide threats, both petitions to adopt were withdrawn. The maternal grandmother and the adoptive mother feel that they were pressured by the system to withdraw their petitions.

For some time the school felt that a residential setting would better address his educational needs. The mental health professionals treating the child advocated for supports and services to his pre-adoptive mother so that he could remain in her home. The treating mental health professionals have consistently viewed the child's bond and attachment with his current pre-adoptive mother as significant for his continued best well-being.

In apparent frustration with the divergent views as to the best placement for the child, the current social worker was assigned to the case two years ago when the presiding judge ordered CFSA to remove the previous caseworker from the case. The judge also ordered CFSA to provide intensive wrap around supports to the child in his pre-adoptive home setting.

Services have included an in-home therapist, continued weekly outpatient therapy and regular medication management, a tutor, and a mentor. Last spring when the school determined that he was ready for promotion, the social worker engaged an educational advocate to ensure that the educational supports the child needs would be provided. He is currently in a new school setting with a one-on-one classroom aide.

### **Child's Current Status**

The child's progress in his home and school setting has been remarkable over the four years he has been with his current home. He can behave appropriately with peers and adults with far fewer prompts. He helps older residents in the neighborhood carry their groceries into their homes, and civic organizations sometimes ask him to help deliver pamphlets to homes as he has the energy to run up stairs and is able to be polite. He is able to eat appropriately, including a variety of foods.

The child was described by most team members as quite friendly and much improved in terms of social skills. During the reviewers visit to his home, which lasted for over two hours, he was observed to be happy and comfortable in his home. He sought appropriate attention, affection and

guidance from his pre-adoptive mother. She has a gentle, yet firm style of interaction with him. He responded well to several different prompts she gave him. The home is filled with quite a number of small glass knickknacks that are carefully arranged and within easy reach. They offer significant evidence as to the level of behavioral control that the child has in his home setting.

At school, the child's IEP goals include working on social skills and learning how to articulate basic vowel sounds. He is at a beginning level of reading skill development. In math, he is working on multiplication skills. As part of his IEP, he receives weekly occupational therapy, speech therapy, individual and group therapy. He has glasses for a vision problem, but does not like to wear them. His current hearing tests do not reveal any hearing loss.

He has friends at school and the school reports that there were only two behavior incidents since the beginning of the school year. Both incidents were successfully managed within the school setting. One incident involved getting his adoptive mother on the phone to help calm him down.

Extensive dental work has been done on his teeth, including three caps on second teeth. He now has a beautiful smile which he uses quite frequently to his advantage. He has developed an adverse reaction to dental care in general.

The current combination of medications appears to be working well. He may have outgrown his seizure disorder. He does have high blood pressure which requires continued monitoring. He also has significant behavioral reactions to too much sugar and his adoptive mother is vigilant about his sugar intake.

The child does not yet have the coordination skills needed to play on a soccer team or participate in other sports teams. He does enjoy playing football.

#### **Parent/Caregiver's Status**

The child's biological mother has not had a visit in almost four years. She now has a seven month old baby boy and would like the brothers to know each other. A termination of parental rights petition was filed by CFSA approximately six months ago. His mother and grandmother still articulate a desire for the child to return to their family. The mother has asked for a new attorney, and it is unclear whether the court will assign a new attorney. The mother is currently not employed and does not have the means to secure private legal counsel. Team members interviewed believe that the TPR is likely to be approved but are not sure when.

The pre-adoptive mother wants to renew her petition to adopt the child. She expresses feelings of anger and frustration that some professionals involved wanted to the child to be placed in a residential setting. She works hard to provide him with "a normal life."

His pre-adoptive mother has a close male friend, Grandpa, who spends much time with the family. He takes the child on outings which provides her with some time off. Grandpa also occasionally comes to the weekly therapy sessions that the child has. She visits and converses with her daughters and grandchildren often. She participates in a weekly prayer group that she finds an important source of comfort and strength.

#### **Factors Contributing to Favorable Status**

The child has made significant progress over the four years that he has been in this home. He is stable at home and school and has not had a psychiatric admission in over a year. He is well liked by the professionals working with him and neighbors in his community. His medical and dental needs have been well tended to and the progress in these areas is clear.

The bond between the child and his pre-adoptive mother is strong and mutual. She wants to care for the child for the long-term and has demonstrated a commitment to see that all of his special needs are met.

#### **Factors Contributing to Unfavorable Status**

The child has significant emotional and educational support needs that require an ongoing intensive level of intervention.

The pre-adoptive mother feels that some of the persons working with her feel that she “spoils” the child and that she does not provide the structure he needs. She feels that her soft-spoken style with him is working well.

The child has a two-hour bus ride each way to his new school and his pre-adoptive mother feels that the special educational services he needs should be available closer to home. Other team members worry that there is not adequate time after school for the child to participate in normal activities.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What’s Working Now**

There are many persons involved with this child and family who have known them for some time, and who feel that the child has made significant progress. The attachment between the child and his adoptive mother is recognized by most team members as one of the most important and stabilizing factors in his life.

For the past two years, the current social worker has worked diligently to ensure that a sufficient level of wrap-around services is provided. Turnover at provider agencies and the preferences of the pre-adoptive mother have kept the social worker busy tracking and making modifications to planned interventions. The social worker has worked diligently to stay updated on the activities, results and perspectives of the many persons involved. He is viewed as the primary coordinator of services being provided and is well respected by his peers.

The school mental health professionals, past and current, report that they have coordinated their therapy with the mental health agency therapists involved. (As the mental health agency staff were not available for an interview during the case review, this was not corroborated.)

The system has invested a significant amount of time and effort in attending to the child’s educational support needs. The social worker obtained an educational advocate, and the educational hearings process was recently invoked to get a school setting that the team felt would meet the child’s educational needs.

#### **What’s Not Working Now and Why**

Permanency for the child, after four years in a stable and loving pre-adoptive home, remains unresolved. There is still uncertainty among some team members as to whether the adoption finalization should move forward. Other team members are uncertain as to why the adoption “is on hold.” Some team members worry whether the pre-adoptive mother will be able to provide and advocate for the child’s special needs as he gets older, and as she gets older. There are different understandings as to which current services could continue after adoption finalization. There are different understandings as to which services the pre-adoptive mother would want to continue.



There are different understandings as to whether the pre-adoptive mother understands the extent of the child's needs.

There have been meetings involving the pre-adoptive mother and many of the team members, usually when the administrative reviews are conducted. Some important team members have not been available to attend these meetings and that has been a source of frustration for the social worker. The pre-adoptive mother feels that her perspectives are not respected or listened to. Some team members view pre-adoptive mother as difficult to work with, and that the meetings are not generally working in terms of building a mutually agreed upon course of action with pre-adoptive mother.

The social worker feels that his relationship with the pre-adoptive mother is strained as she believes that he still wants the child in a residential placement (which he does not want currently).

Team members have different perspectives on the child's current underlying conditions. Most believe that his PTSD and ADHD are significant impediments to his ability to learn, and this is also reflected in his current IEP. Some team members cite prenatal alcohol use and/or other organic impairments as a major contributor to his significant learning challenges. Team members interviewed were not clear whether testing had been done to determine whether there is a specific underlying organic or neurological impairment.

At a court hearing during the week of the review, the judge ordered individual reports from each person involved in the case.

#### **Six-Month Forecast/Stability of Findings**

It appears that the recent stability attained by the child in school and at home will continue to be maintained. Adoption finalization is not expected to occur, although the child is likely to remain with his pre-adoptive mother.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- A team meeting with a trained facilitator would be an important avenue to building consensus among the many caring professionals involved with this family. The pre-adoptive mother wants to bring her case to closure and needs assistance and support with the development of a transition plan. Her involvement in crafting the agenda for team meetings would be one way to strengthen her level of engagement.
- The social worker believes that it might be helpful to have neutral facilitation for such a team meeting, although the new CFSA FTM facilitators have not yet been made available to the adoptions unit. Development of ground rules that will ensure that the meeting stays strength based will help to manage the tensions and conflicts that have emerged in past meetings.
- It may be helpful for the team to obtain a neuropsychological of the child to ensure that there is an understanding of any underlying physical basis for his significant learning challenges. This should also help to further inform the type of interventions and supports that are going to be most effective. Given the stability of his current home and school placement, this further assessment should not delay any opportunities that team members might create to begin building a transition plan for case closure.

## **Written Case Review Summary**

Case 9

Review Date: September 26, 2005

Child's Placement: Foster Care

### **Persons Interviewed (7)**

CFSA social worker, Assistant Attorney General, foster parent, the foster parent's lawyer, daycare provider, the family worker who supervises visits, and the clinical director of a neighborhood collaborative.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child is a two-year-old African-American female who currently resides in a pre-adoptive home. This home is the same foster home the child's mother lived in when the child was first born; the child's mother emancipated from the child welfare system. The mother was living in a transitional program where she left the child alone for an undetermined amount of time. A concerned person made a report and the child was brought into care. The child had one prior placement before being placed with the current foster mother who now in the process of completing paperwork which will make her eligible to adopt the child.

The biological mother has a history of drug use and was found to be neglectful of the child. The case goal was changed from reunification to adoption after efforts by the mother to reunify with the child were insufficient. The mother's rights are not terminated, and weekly, supervised visitation is permitted. Scheduling and transportation services are provided through a collaborative. The collaborative worker reports that the mother's attendance at visitation is inconsistent, but that she has been more consistent in the recent past. During the course of the review the mother cancelled a scheduled visit with the child.

The person initially identified as the child's father could not be located. However, the mother later identified a different person as the father. This putative father is scheduled to undergo paternity testing. He has reportedly stated that he had no prior knowledge of the child's existence, and is uncertain about pursuing custody if he is determined to be the father.

Standard daycare services are being provided on a daily basis. The child has undergone a developmental evaluation that indicates some behavioral concerns. Based on the observations of the daycare worker, social worker, and developmental evaluator, it is believed that the child may need additional services. For this reason, a referral was made for a psychological evaluation with recommendations for behavior management. The service team is currently in the process of scheduling this evaluation. The results of this assessment will determine which, if any, additional services may need to be utilized in order for the child to continue developing in an age-appropriate way.

### **Child's Current Status**

The child's status is fairly acceptable overall. Possible future disruptions may pose a threat to the child's stability since the biological mother is contesting the adoption. The identity and role of the child's father is yet to be determined by the courts. Based on the outcomes of the court's decision, the plans for adoption may be delayed or disrupted. The child's responsible behavior was determined to need refinement since she has not developed age-appropriate behaviors, such

as calming herself when upset, waiting a short time for something she wants, and following simple directions.

In terms of physical health, learning development, home placement, and safety in the home and at daycare, the child's status ranges from good to optimal. Acute conditions such as ear infections are treated immediately, on-going physical checkups occur on schedule, and the child's chronic hernia condition is being monitored regularly until she reaches the age of three, at which time a surgical procedure will be performed. Although not enrolled in school, she is learning the alphabet, numbers, and vocabulary at a rate commensurate with her age. It was determined that she is safe both at home and at daycare.

#### **Parent/Caregiver's Status**

The caregiver status was acceptable overall. It was determined by the review team that efforts should be made to maintain the current status of the caregiver's support of the child. The caregiver puts forth efforts to parent well, cares about the safety, physical wellbeing and future of the child, seeks out and participates in training (CPR, etc), practical assistance in the adoption process, and financial relief to meet the needs of the child.

The caregiver's participation in decisions is in need of refinement. She reported being a fairly regular participant in some aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The caregiver stated that she frequently has conversations with individual members of the planning team such as a social worker or lawyer, but that communication was sometimes "roundabout."

The caregiver expressed some frustration regarding the process of becoming licensed to adopt. She said she was unclear about how long the process would take, and stated that she frequently has to re-submit documents that the adoption agency has lost or misplaced.

#### **Factors Contributing to Favorable Status**

There are many strengths contributing to favorable status ratings on the case. The child has maintained a stable placement with a committed caregiver that includes a viable permanency prospect. The communication between the social worker and the foster parent is good. The caregiver and other professionals involved in planning for the child are aware of, and monitoring identified needs and potential needs.

#### **Factors Contributing to Unfavorable Status**

Behavior modification services may be necessary. There is disparity regarding the behavioral issue—foster mother attributes the behavioral issues (tantrums, defiance, aggression) to the child's personality, day care worker attributes it to biological causes, social worker/developmental evaluator suspect psychological disturbance. This issue has not been resolved as of yet because the social worker has encountered difficulty with obtaining consent from the birth mother to conduct a psychological evaluation. Additionally, the team has been unsuccessful in establishing a trusting working relationship with the mother, which may lead to a delay in securing permanency for the child.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now**

Overall, system performance was found to be in the maintenance zone. The case is clearly moving toward permanency, as all parties involved clearly understand the permanency goal. The foster mother has demonstrated a strong commitment to adopting the child and the team involved

in the case continues to track and adjust changes in the child's situation at a satisfactory level. Community resources were utilized in a manner that respects the visitation rights of the biological mother while providing stability and structure for the child and her foster mother.

There has been very little turnover of professionals, which contributes to long-term view of the case being more consistent. The child's health and safety are good, and the legal process is moving within ASFA timelines.

#### **What's Not Working Now and Why**

Although the appropriate people are involved in this case, team formation was deemed as an area of weakness due to the fact that team meetings had not occurred. It is unclear why no team meeting was held, but it seems likely that many team members found it unnecessary. In light of current developments regarding paternity, the team members may be more willing to recognize the need. There were clear inter-agency breakdowns in communication. There was a breakdown between the adoption home study agency and the foster parent; the foster parent expressed that paperwork was lost and certain criteria for moving forward with the adoption were not communicated clearly. Some progress toward permanency was interrupted due to a financial dispute between the child welfare agency and the vital records office regarding payment for the child's birth certificate.

#### **Six-Month Forecast/Stability of Findings**

Based on the rating scores and the status of the case over the course of the last six months, it is expected that the child's situation will continue as it currently stands. Because the child's biological mother seeks to contest the adoption and the identity and role of the child's biological father has yet to be determined, these factors may disrupt the future stability of the child's status.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Talk with previous social worker or other person (GAL?) who can provide information on why other family members have been ruled out as placements. This will assist with preventing court challenges.
- Conduct team meetings for case planning, setting short-term and long-term goals.
- Build stronger relationship with family worker at the community collaborative who may be a resource in helping the biological mother "let go" or identify potential barriers.
- With regard to the issue of obtaining consent in order to move forward with a psychological evaluation, it is recommended that the Office of Clinical Practice offer more options besides consent or court order.

## **Written Case Review Summary**

Case 10

Review Date: September 28, 2005

Child's Placement: Foster Care

### **Persons Interviewed (11)**

Pre-adoptive mother, teacher, speech therapist, social worker, supervisory social worker, mother's social worker, pre-adoptive home study case worker, pre-adoptive home study supervisor, guardian *ad litem* (GAL), assistant attorney general (AAG). The target child was observed in his classroom.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts about the Child and Family**

The child is a 4-year-old, typically developing African-American male receiving speech and language therapy. He is the only child of his biological mother, an adolescent parent, who was 14-years-old when her son was born and is currently 18. The child has no known father or father figure.

The child's biological mother was in CFSA care at the time of his birth. She came into CFSA care while in elementary school because her mother abandoned her. During the first two years of his life, the target child and his mother remained together in CFSA care. During that time, they moved five times and his mother was absconding regularly. Reportedly, she was depressed, drinking, doing drugs and she became involved in prostitution. At two years of age, the child and his mother came to reside in a foster placement that eventually became his current pre-adoptive home. For the first time in his young life he began to talk, smile and play. He had a family, consisting of the foster mother, his biological mother, a foster brother, and three foster sisters. They lived in a five bedroom house, and he was enrolled in a day care program.

While in this foster home, the child's biological mother began having trouble. She struggled with house rules and skipped school. She was caught shoplifting in the mall and one of the foster mother's daughters was with her. Eventually, the foster mother requested that the target child's biological mother be removed from her home, though she offered to keep the target child. At that time, the plan was to keep the target child and his mother together, so both the mother and child were removed and placed in a different foster home. The child maintained contact with the original foster home through weekend visits.

The new placement did not work for the child or his mother. He was having temper tantrums, screaming and hollering when he returned from visits to his former foster home. During spring break in 2004, the child's mother arranged for her son to stay with the foster mother from whom he was removed (who is the current pre-adoptive mother). The child's mother never returned from spring break – at that time, CFSA considered the child abandoned and separated the mother's case from the child's.

When the child and his biological mother were first placed with the current pre-adoptive foster mother she was only licensed for teens. Because of this licensing restriction, she was prevented from keeping the child when his biological mother did not return from spring break. While she was getting her license for younger children, the target child was moved to yet another foster home in Maryland. The child's behavior regressed in speech and behavior during his this time.

Once his pre-adoptive mother was re-licensed, the target child moved back in with her and has been there ever since. The permanency goal in this case is now adoption. The biological mother still has sporadic contact and visitation with her son. She is still in the care of CFSA and is in an Independent Living Program.

The child receives speech and language therapy and is enrolled in pre-school. He received a developmental evaluation in 2004, which concluded that the child was developing typically, but also made a recommendation for speech and language therapy.

### **Child's Current Status**

The target child currently lives with his pre-adoptive mother and her children. The pre-adoptive mother has been working at the same job for 12 years. Her family consists of two biological children and two nieces adopted in 2003. Their ages range from 9 to 15 years old. The target child shares a room with his 11-year-old pre-adoptive brother. The pre-adoptive mother reports that the family takes annual vacations together and she takes a vacation alone each year.

Overall, the child status was rated in the maintenance zone. He is safe at home and at school, his health and physical well being are very good, emotional well being and behavior at school is excellent.

The child currently goes to speech therapy twice a week. The therapist describes him as fun, energetic and happy. He was transferred to her caseload because of his pre-adoptive mother's concern regarding the impact of the first therapist's heavy accent on the potential for the child to benefit from speech therapy. The current speech therapist is an African-American female and she has been working with the child since July. She reports the child is doing well. Her long term goal is for him to achieve 5-7 word sentences 80% of the time. She updates her plan of care every two months and documents progress notes at each visit.

Additionally, the child is currently enrolled at a public charter school in Washington, DC, located in the same building where his pre-adoptive mother works. His preschool classroom is large and well equipped. He was described by his teacher as a happy child who likes to play, gets along well with others and is learning the rules and doing well with school work. She reports the child is clean and neat each day, he is appropriately dressed, has necessary school supplies, and eats school lunch. The pre-adoptive mother reported that the child is getting use to the teacher, but she is concerned about the impact of her accent on his speech and language delays.

Of some concern is the child's stability and permanency in his current home. First, his pre-adoptive mother's fiancé will not be approved due to the results of his FBI clearance. Additionally, there is some concern that the child's biological mother may refuse to sign the consent to adopt or may not appear for the hearing. Without resolution, these issues – especially the issue of the FBI clearance – could impact the stability of the child and the permanency of the home.

### **Parent/Caregiver Status**

The caregiver status is in the maintenance zone. The pre-adoptive mother has eight siblings and a history as a foster child. One foster family "adopted" her and includes her family in all activities. The pre-adoptive mother reportedly has a large circle of female friends, and enjoys cooking out, entertaining and having fun.

The pre-adoptive mother is engaged to be married; however, her fiancé will not be approved to live in the residence during the pre-adoption period due to the FBI clearance. She has been

informed of this and has been told that her home will not be approved as an adoptive home if her fiancé is living there, but she did not discuss the situation during the QSR interview. The CFSA social workers, the GAL and the AAG reported that plans are moving forward to obtain the biological mother's consent for the child's adoption. The adoption home study team is actively preparing the home study report; they are merely waiting for the pre-adoptive mother's decision regarding her fiancé, so they can submit completed adoption home study to the court.

#### **Factors Contributing to Favorable Status**

There are several factors contributing to the favorable status in this case. The social worker was well known by all parties. The pre-adoptive mother is satisfied with services received for the child. The child is well adjusted and thriving in a family, a safe home and school. The goal of adoption is in the best interest of the child and his biological mother. The child's biological mother is participating in an independent living program with supports in place.

#### **Factors Contributing to Unfavorable Status**

The primary factor contributing to unfavorable status in this case is the fact that the pre-adoptive mother's decision regarding whether or not to restrict her fiancé from living in her residence is unknown. Another concern is the biological mother. Her behavior has been noncompliant and this could result in a refusal to provide voluntary consent for adoption. Additionally, she has reportedly stated that she will only allow the child to be adopted by the pre-adoptive mother. Finally, the child has no contact with his maternal family, his father is unknown and there is only sporadic contact with his mother. He needs a life book filled with pictures of his mother and him together and of his maternal family.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

The child's pre-adoptive status is in his best interest. Unfortunately, the road to this status was traumatic for the child and the pre-adoptive mother. As discussed previously, the child was placed in his current home and removed a couple of times before it became his pre-adoptive placement. When the child returned to the pre-adoptive home, the pre-adoptive mother and her family showered the child with love and affection and he began to stabilize.

There is no indication that the child will endure long-term effects of living in various group homes and foster homes with and without his mother throughout the first four years of his life. The pre-adoptive mother does verbalize an understanding of his need for love, patience and stability. She remembers what it was like in foster care and wants the child to have a happy family, and she believes her happy family is complete now that the child will join.

#### **What's Working Now**

The GAL and the AAG are both supportive of this adoption, despite the barriers presented by the fiancé. Both the child's social worker and her supervisor recognize that the pre-adoptive mother is an excellent parent for the child. The pre-adoptive mother is resourceful, able to assess the child's needs and make logical decisions. For example, the pre-adoptive mother made arrangements for the child to obtain speech therapy and transportation at the end of the school day. This schedule was convenient for the pre-adoptive mother, and minimized the child's absence from educational instruction.

The child's social worker is well known to all persons interviewed for this QSR, however this is one of her first cases at CFSA. It is unclear how many social workers were assigned to the child prior to the current worker. Her supervisor was recently promoted to a supervisory position, but is willing to support the child's social worker with the case.

**What's Not Working Now and Why**

There is no team functioning and systems are not communicating. Multiple individuals are working toward the goal of adoption for the child by the pre-adoptive mother, and there is no identified coordinator. The pre-adoptive mother is independently working to accomplish some of the child's needs.

The speech therapist's notes are not shared with CFSA. There is no evidence that anyone from CFSA has been in contact with the therapist or is monitoring the goals and outcomes of therapy. The developmental assessment did not indicate a need for follow-up and there is no system established for therapy notes to be reviewed by the prescribing physician.

**Six-Month Forecast/Stability of Findings**

The next six months will probably remain the same but has the potential to decline. This finding is determined based upon the instability of the adoption consent from the biological mother and the unknown of the pre-adoptive mother's decision regarding the residence of her fiancé. Additionally the biological mother may withdraw from the child's life, and this could cause another traumatic episode of grief and a decline in the child's stability. The child will continue to receive speech therapy, which he has benefited from.

**Practical Steps to Sustain Success and Overcome Current Problems**

- The child will benefit from a Life-book filled with pictures of his mother and new family. This will be particularly helpful for him if his mother ages out of child welfare and does not continue to visit him.
- The adoption worker and home study agency need to work closer together. The data obtained in a home study should be well known to the worker.
- The team process is critical in adoption cases. Service coordination and leadership in the development of a comprehensive case plan is needed for this adoption. There are several barriers to adoption and there is no evidence of an alternate plan, or a strategy to resolve the barriers.
- Continue to facilitate the relationship of the birth mother, grandmother and the child. There is potential for this to be the family that both mother and son need for lifelong success.
- Social worker should obtain a copy of updated therapeutic case plans and educational reports.



## **Written Case Review Summary**

Case 11

Review Dates: September 28, 2005

Child's Placement: Foster Care

### **Persons Interviewed (8)**

Pre-adoptive parent, CFSA adoption social worker, CFSA supervisory social worker, assistant attorney general, teacher, guidance counselor, tutor and guardian *ad litem* for the child.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The target child in this case, an 11-year-old African-American female, is an only child. Her father has not been part of her life although paternity has been established. There are an unspecified number of maternal aunts and uncles; two have had brief custody of the child and both have been abusive. The child came into care in March 2001 due to a supported charge against a maternal uncle. She has experienced seven placements since coming into care and is currently in a pre-adoptive home.

The child's first out-of-home placement was arranged by her mother after she was severely injured in an accident which left her mother paralyzed from the waist down and subsequently not able to care for the child. The child spent three months living with a neighbor during this placement. Subsequently the child's mother arranged for her to stay with the maternal grandmother and then a maternal aunt and uncle. This placement ended in a removal due to charges of abuse. The child then lived briefly with two foster families. During September 2003, the child was moved out-of-state to live with her maternal aunt and uncle. During the following August, the child reported that she was being abused by her uncle and an investigation was initiated. At this point, the uncle contacted the agency and requested that the child be picked-up and returned to Washington, DC. He denied her allegations and stated that he was not going to take any chances of losing custody of his birth children.

The child is currently receiving mentoring services and is receiving medication management through a local mental health provider. She has received a full array of psycho-educational testing that included formal classroom observation.

### **Child's Current Status**

The safety of the child in the home of her pre-adoptive mother was rated in the maintenance zone because the child had a safe environment in which to live. The teacher and the guidance counselor did not have concerns regarding the child's safety. The home placement was stable and the pre-adoptive mother took the initiative to advocate for the child in school and for needed services.

Although the permanency prospects of the child were fair, there were issues that could have prevented the pre-adoptive mother from finalizing the adoption. There was incomplete paperwork and the pre-adoptive parent, the current foster parent, did not have documentation of her second divorce decree.

The child's physical well-being included a clean bill-of-health. Her immunization record was up-to-date and her pre-adoptive parent had taken the initiative to make appointments with medical specialists when needed. The child's basic physical needs were met.

The child's emotional well-being was partially being met at home. Although diagnosed with attention deficit/hyperactivity disorder (ADHD), the child had a history of trauma that included the accident that left her mother paralyzed, abuse by two family members, and multiple placements. These issues were known to many of those who worked with the child, but she had not been diagnosed with an Axis I disorder. Therapy appointments were made, but were not kept. The pre-adoptive mother stated that these appointments were not convenient. Others state that therapy appointments were offered on the weekends.

The child's adjustment issues have been complicated by a change in classroom teacher during the school year. Although the guidance counselor is knowledgeable of her issues and has effectively worked with the child in facilitating peer interaction, her school emotional/behavioral well being was rated in the refinement zone.

#### **Parent/Caregiver's Current Status**

The overall rating in this area was in the maintenance zone. The support of the pre-adoptive mother, her adopted daughter, and the extended family was excellent. A cadre of adults was available to assist in the care of the child for support and temporary care. The pre-adoptive mother, aware of the child's history of abuse by males, has assured the child that she would not be left in the care of a male during the foreseeable future.

The pre-adoptive mother has allowed the child to participate in decision making that included the choice of food for some meals, clothing choices, and places to go when they have free time. She has also worked with the mentor in assuring that choice is part of the child's time away from home. Safe closure was rated in the refinement zone because the caregiver had not moved as quickly as she could have regarding the acquisition of her last divorce decree.

#### **Factors Contributing to Favorable Status**

The primary factor contributing to a favorable status for the child is that the pre-adoptive mother has a history with the adoption process and seems to care a great deal for the child. The current adopted child in the pre-adoptive home is close to the child's age and offers an ongoing peer/family relationship. The pre-adoptive mother has shown interest in the child's education and physical health. The caseworker has visited with the child and has shown interest in her progress. The child has a thorough school guidance counselor who has been cognizant of the child's social adjustment issues and has handled peer issues in a resourceful and strength-based manner. Her mentor has spent quality weekend time with the child and has been able to address social skills and adaptive peer behavior.

#### **Factors Contributing to Unfavorable Status**

Although the overall status for the child indicators was in the maintenance zone, some of the individual ratings were in the refinement range. The pre-adoptive mother has not done all that she could to assure that the home study and necessary paperwork were completed in a timely manner, despite knowing the expectations of the adoption social workers. She has not negotiated with the mental health provider to assure that mental health appointments were kept. Although the school guidance counselor seemed to deal with the child in an exemplary manner, the change in classroom teacher has been difficult on the child's adjustment to the classroom. The message from the pre-adoptive mother is that the child requires special education. However, testing does not confirm this assumption.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The adoption social worker is visiting the child, is aware of her safety and well-being and is able to identify areas where the pre-adoptive parent has not shown adequate progress toward adoption finalization. The school guidance counselor has been engaged in the child's case and the child has maintained good grades despite a change in classroom teachers during this school year. Therefore, engagement level and effort of engagement were rated in the maintenance zone.

Although the use of a team is addressed as an area needing improvement, the last notes in this case indicate that the adoption social worker has planned a team meeting to address some of the major issues found in this case review. For that reason, the team formation and function were both rated in the maintenance zone. This shows planned movement in the right direction.

The thoroughness with which the adoption worker reviewed the information that came from the former worker was responsible for catching errors in planning that overlooked some of the most crucial facets of this case. The visitation of the current worker has shown the child that a predictable and consistent professional is dedicated to assuring her safety, permanency and well-being.

Family connections were well established given the abusive relationships documented among some of the child's maternal aunts and uncles. While the child's mother was living in this area, she was encouraged to spend time with her mother, but the mother relocated to California within the past few months. The current worker is aware of the need for on-going communication between the child and her mother.

### **What's Not Working Now and Why**

The coordination and leadership and use of a team to enhance inclusive decision-making and planning fell within the refinement zone. The written evidence of case planning was often missing measurable and time limited goals and objectives. Some case plans were signed by the social worker, supervisor, and client and some were not. The case documentation problems were, in part, due to the lack of tracking and adjustments in this case – a case that continues to unfold as the clinical nuances of the child's personality are revealed.

Communications between the service providers is not occurring to the extent that the child is receiving all of the services that have been identified. For example, mental health and tutoring services have been introduced as useful services, but neither is occurring. Each party has a different version of why this has not taking place. Mental health counseling is especially important for this child, but there are barriers that could best be addressed in a meeting that included the social worker, pre-adoptive parent, child, therapist and other members of a team. Further, the social worker was not aware that the child was not in special education and had been in fact found to be ineligible for services on two occasions – the most recent being approximately six months ago. Thus, clarity has not been reached in how the team would have worked together to plan and to overcome barriers to the provision of services.

There has not been an apparent awareness of those involved with this case that the pre-adoptive mother may be developing a self-fulfilling prophecy in the child regarding her "being slow." This issue of esteem-building has not been addressed.

**Six-Month Forecast/Stability of Findings**

The six month forecast for the child is that her status will improve. The social worker has arranged for a meeting of those that would be considered as a “team” to discuss those concerns stated previously. As such, there is potential that the child will receive all of the services that have been planned. Also, increased communications between the child and her mother seems likely now that the mother has stabilized back in California. The issue of the pre-adoptive parent’s missing paperwork has been addressed and there is no reason to believe that she will not produce her divorce decree for the court. Thus, it is predicted that the child’s adoption will be finalized within the next six to eight months.

**Practical Steps to Sustain Success and Overcome Current Problems**

- The social worker must pursue the need for documentation of the pre-adoptive mother’s divorce decree and make the necessity of this documentation clear to the pre-adoptive mother.
- Assuring that a planned team meeting with the parties involved in this case occurs, and continues to occur for six months after the adoption is final, will assure a smooth transition of responsibility to the adoptive mother.
- Individual work with the pre-adoptive mother to prevent a self-fulfilling prophecy will assist in increasing the child’s self-concept. In particular, addressing the caregivers statements regarding the child’s deficits in situations where the child can hear these statements should be a planned and measurable intervention.
- Assuring that the child is seen for individual psychotherapy is paramount in allowing this child to work through the many emotional/behavioral issues that are just beneath the surface in her day-to-day social interactions. Therapy may allow more insight into whether the current diagnosis of ADHD is appropriate or whether depression plays a role in her affect and behavior.

## **Written Case Review Summary**

Case 12

Review Date: September 26, 2005

Child's Placement: In-home

### **Persons Interviewed (6)**

Social worker, biological father, nanny, assistant attorney general (AAG), education administrator, guardian *ad litem* (GAL)

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child is a 19-month-old, African-American male. He is the only child born to his mother and his father's fourth child. He currently resides in his father's home under conditional release. Also in the home are the child's half siblings and a live-in nanny. At the time of removal, the child was in the care of his mother. CFSA became involved when allegations of sexual abuse were made by the mother. No person specifically was mentioned as the abuser. However, it was alleged that the incident occurred while the child was visiting in the father's home. The mother was unable to provide any basis for her allegations except that her child cries a lot and her motherly instinct told her something happened.

The family has been referred for several services by the agency; they include a psychological evaluation (mother), early intervention services (child), clothing voucher, and crib. The need existed for engagement of the mother in the service plan or consultation on alternative strategies for working with a person with her identified needs. Also, protective measures were needed for the father in regards to the mother as her needs may interfere with his ability to parent the child. The mother has a history of making false abuse allegations to the police on the father.

### **Investigation**

During the hotline call, the mother sounded incoherent and would giggle or laugh periodically. CFSA and MPD spent two hours in the home interviewing the mother. Throughout the investigation, the mother was unable to provide any clear concrete information. She would begin answering a question, and then shift her discussion to an entirely separate matter without realizing she had done so. Attempts to refocus her on the original question failed continuously. During the interview, she was having auditory hallucinations and attempting to explain them to the investigators. When asked about the child's father and why she thought he assaulted the baby she stated, "I don't know those people, I don't know them." It was noted that the mother was able to answer some questions concretely, suggesting that she was entering in and out of a delusional state during the investigation. She appeared disheveled and gave conflicting information about her sleeping and eating patterns. During the interview, the mother was prompted several times to change or feed the baby; however she failed to do so. After hours of interviewing, the mother was found to be in need of an emergency psychiatric evaluation. Therefore, she was transported to an emergency facility and the child was brought into CFSA custody. Soon thereafter, he was placed with his father.

### **Child's Current Status**

The child has been conditionally released into the care of his father. The current placement is in a safe and stable environment. This placement is a long-term permanency prospect as the father has filed for legal custody. The environment is familiar to the child because he formerly resided in the home following his birth and visited frequently. The child is bonded to his three older siblings

who are residing in the home as well. School/home stability and health/physical well-being were in the refinement zone. During the interview process parties learned that the child had not been attending the early intervention program (EIP) on a routine basis. It should be noted that he had been enrolled for four weeks and attended approximately five days; the child was sent home from the EIP due to a rash. He later returned to EIP with the rash and no doctor's note. While no one raised any concerns regarding his health the uncertainty of medical treatment for his rash was an area needing improvement. The child was found to have minor developmental disabilities which led to the referral for EIP. It is likely if appropriate intervention is provided he may be able to mainstream into a general education setting for Pre-K. The overall child status was in the maintenance zone. While several refinement areas were identified the overall status was good.

### **Parent/Caregiver's Status**

The mother's needs have not been fully assessed due to her unwillingness to participate in services offered. During the investigation, it was ascertained that the mother had severe mental health issues. This was observed in the context of constant of auditory hallucinations and delusions resulting in the mother being taken to an emergency psychiatric facility for an emergency assessment. The discharge diagnosis was Psychotic Disorder not otherwise specified (NOS). Since that time, she has not been participating in the discharge services or CFSA referred services. CFSA made an appointment for a psychological evaluation (due to the lack of content in the emergency evaluation) and offered transportation. However, the mother refused to attend. CFSA has made numerous attempts to contact her and engage her in conversation. These efforts have yielded limited success as she generally becomes aggressive and hangs up or is unable to stay on topic with the conversation. The mother's lack of receptiveness has also served as a barrier to team formation and functioning. The described behavior has prevented CFSA from obtaining a complete assessment of her psychosocial functioning.

The father has been proactive in acquiring needed services for the child. He has been part of the decision-making process and is seen by all parties in the case as diligent and resourceful.

### **Factors Contributing to Favorable Status**

The child's overall health is good. He is up-to-date on immunizations and received the EPSDT screenings. He is residing in a safe and stable home with family members to whom he is bonded. His current residence has permanency prospects, as the caregiver has filed for full legal/physical custody. Due to the familiarity of the environment there have been no adjustment problems since entering the home. The Early Intervention Program (EIP) is a safe and nurturing environment. The staff works closely with the families to aid in providing continuity of care to the child. The caregiver has been a constant in the child's life since birth providing physical and emotional support. The caregiver has been receptive to all services offered by CFSA and maintains consistent contact with the SW and appointed counsel.

### **Factors Contributing to Unfavorable Status**

The child has been enrolled in an EIP for four weeks. He has only attended five days. He was reportedly sent home one day for a rash. He returned several days later with the rash and no doctor's note. Thus, he was sent home again. At the time of the review, the school had not followed up with the family regarding the absences. While his delays are not significant, if appropriate intervention is received in a timely fashion he is likely to mainstream for Pre-K. The parent has not been involved in the decision-making process in this case. While moderate efforts have been made to engage her she continues to be resistant. The social worker has had difficulty communicating with the parent. The conversations are often tangential. No alternative methods of engagement for the parent have been attempted. The parent has a history of calling the police on the caregiver and making false allegations. One instance was described during the interviews in

which the police came to the caregiver's home twice in one day. While there have been no arrest or charges pressed it places the child in a vulnerable situation.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The child was placed in the home of his biological father in a timely manner. Upon removal he resided in a short-term emergency placement that was equipped to perform all needed developmental and medical evaluations. His current primary and secondary caregiver have complied with all services offered by CFSA. He is enrolled in an EIP that is able to meet his developmental needs and provide all needed supports regardless of CFSA's level of involvement. The caregiver has filed for legal/physical custody of the child. The legal counsel provided in the neglect case has assisted him with navigating this process. The path to permanency was understood and agreed upon by all persons interviewed. The efforts to achieve said goal had begun prior to disposition to ensure the case would not linger in the neglect system. Resources were available for all the identified needs of the child, parent, and caregiver. There were several informal supports and family connections identified that were aiding in his care. The family court process was moving along in the suggested timeframe. The attorneys were described as helpful and found to be knowledgeable about the specifics of the case. The caregiver desires to maintain the parental involvement in the child's life and facilitates communication with other maternal family members.

### **What's Not Working Now and Why**

CFSA has incurred difficulty in engaging the parent, due to her mental health issues. A referral was made for a psychological evaluation and transportation offered. However, the parent refused. No alternative methods of engagement were employed in an attempt to engage this parent. Therefore, the parent is not part of the team nor has been involved in any decisions as it relates to permanency for her child. The caregiver has articulated a desire to maintain a working relationship with the parent for the sake of the child (if he is granted custody). However, no resources have been identified to aid him in maintaining a working relationship with her for the long-term future.

### **Six-Month Forecast/Stability of Findings**

Based on the current system functioning the case is likely to maintain status quo for the next six months. Based on information provided in the interviews, the case is likely to close in court within the next three months and custody be granted to the caregiver. The child status is likely to maintain status quo. The child status was good and is likely to continue as the current caregiver is committed to his role in the child's life. The school attendance will likely improve as the EIP maintains direct contact with the caregiver to ensure school attendance and healthcare are maintained.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Consult with the Department of Mental Health's (DMH) co-located social worker at CFSA about DMH services to aid with engaging the mother.
- Maintain contact with the EIP to ensure school attendance and initial evaluations are completed.
- Identify the neighborhood collaborative or multi-door resolution to assist with supervised visitation as a long-term resource.
- Identify a support group for the caregiver to empower and teach him how to deal with the parent's behaviors.

## **Written Case Review Summary**

Case 13

Review Dates: September 26, 2005

Child's Placement: Foster Care

### **Persons Interviewed (10)**

Foster mother, child (observation and play interaction), pre-adoptive parents (mother and father), biological father, CFSA social worker, CFSA supervisory social worker, attorney for pre-adoptive family, guardian *ad litem*, attorney for biological father.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

This target child is a beautiful 16-month-old, African-American male. He came to the attention of the Agency when at birth he and his mother tested positive for cocaine. Hospital staff notified the Agency Hotline of the test results and he was immediately taken into care. He was born at 37 weeks, weighing four pounds, 15 ounces. He remained in the hospital for 11 days following delivery due to respiratory distress. According to records he left the hospital in good condition eating and sleeping well. He was immediately placed into the foster home in which he currently resides. He is the ninth child born to his biological mother who has a longstanding history of substance abuse and mental health problems. All of the child's siblings have been in the care of the Agency and none live with either biological parent. The biological father is disabled, but has remained involved with the child since birth and has weekly supervised visitation at the Agency. The biological mother has not been involved or had any contact with the child until recently (July 05). The biological father reports that she reentered the picture through his urging and has attended the last two supervised visitations with him at the Agency. Both parents have consented to the adoption.

### **Child's Current Status**

Safety and stability in the foster home, as well as physical and emotional well being were rated in the maintenance zone. The child is thriving in his current foster placement. The home is nurturing and stimulating. All medical needs are amply provided for. Academic/learning status is in the acceptable range needing refinement. Developmentally the child presently demonstrates a moderate lag in walking, and beginning expressive language formation. Receptive language appears age appropriate. A pediatric neurologist recently evaluated the child; the child was diagnosed with mild to moderate hypotonia, speech delay and difficulty walking with gross motor skills estimated to be at the nine to ten month age range. He also received an occupational/physical therapy evaluation by a local provider that described the child as a two-year-old in the summary and reported him as being at or above age expectation in gross motor, fine motor and visual receptive skills. The examiner recommended that interventions were not indicated at this time. The Agency social worker, to her vigilance and credit, found this report to be grossly inconsistent with her observations of the child during site visits and the findings of the pediatric neurologist. As such, she referred the child to an early intervention program, but reported a waiting list as a barrier to bringing these critical services on-line. However, the foster mother, through connections in her community medical clinic, was able to expedite a scheduled in-home evaluation that occurred within the past two weeks.

The reviewer observed the child in the foster home. When the reviewer entered the room where the child was playing, he turned toward the reviewer, crawled forward, stood up unassisted, and then walked three to four steps toward the reviewer and raised his arms indicating that he wanted



to be picked up. He smiled brightly and made good eye contact with the reviewer when spoken to and easily played with the reviewer. Concerns in this area were centered on the need of the foster mother to more fully understand the potential implications of the child's "at risk" profile and related development delays; training and education would benefit the foster mother. Finally, permanency prospects for the child were rated in the refinement zone because it was judged that permanency and safe case closure were possible in six months, but no sooner due to the need to complete necessary clearances and review by the Interstate Compact on the Placement of Children (ICPC). Safety and stability of the child in school/daycare, emotional well being in school, responsible behavior, social supports and life skill development were rated as not applicable due to age. Overall, the child status was rated in the maintenance zone.

#### **Parent/Caregiver's Status**

Support of the child/caregiver, participation in decisions and safe case closure for the resource family were rated in the maintenance zone. By way of background, the identified pre-adoptive family is composed of the son of the current foster mother, his significant other (pre-adoptive mother) and her two daughters ages 10 and 11 who are reported to be doing very well in school. The pre-adoptive mother is well-educated and works in a professional capacity with children with special needs. The pre-adoptive family filed a petition for adoption at the beginning of this year. Both pre-adoptive parents and the two daughters spend time during the week and on weekends with the child reading to him, playing with him, and involving him in family activities. The larger extended family includes the current foster mother, and her adult children. The family is well known in the neighborhood. The foster mother and the pre-adoptive parents have been active participants in keeping appointments related to the child's care, participation in court proceedings and in all decisions in which they have been involved by the Agency. Together they have provided a strong network of support that has permitted the child to thrive in a loving, nurturing and stable home environment. Overall, the caregiver status was rated in the maintenance zone.

#### **Factors Contributing to Favorable Status**

The Agency social worker did an exceptional job of ensuring the safety and well-being of the child as evidenced by frequent home visits and vigilance in securing and scrutinizing the developmental screenings for the child. There is a positive foster care history for the child, and the experience of the current foster mother enables her to provide a loving, nurturing and positive home environment. The education, training and professional background in working with special needs children of the pre-adoptive mother establishes her as a strong resource for the child. There is a stable extended family, and the foster mother and pre-adoptive parents are already a fully functioning mutually supportive family system. This means that the child will have fewer transition issues when he enters the pre-adoptive family permanently. The family has a wealth of resources known to them both in the local community and professionally. Further, they have the knowledge, experience and contacts needed to access these services and supports.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

Overall, agency practice/performance was rated in the refinement zone. This was due largely to low ratings in coordination and leadership and the case planning process, which were both rated in the improvement zone. The majority of all other practice indicators were rated in the refinement zone. At issue here was the lack of a "team" approach that significantly impacted communication, planning, and the exchange of current and accurate information. This ultimately resulted in undermining the critical foundation of trust between the Agency, and the pre-adoptive family and the foster mother. Early in the case the current foster mother indicated that she would like to become the pre-adoptive parent for the child. The Agency case manager involved in the

case at that time indicated to the foster mother that this was a possibility. Subsequently, it was determined that due to age, the current foster mother (70+) would not be an appropriate adoptive parent for an infant such as the child. The foster mother then asked if her adult son and his significant other could be considered as an appropriate pre-adoptive couple. The judge involved in the child's case asked that the Agency also develop other options that the judge would consider. Three additional options were offered to the judge. Two were ruled out and the Agency was directed to establish contact with the remaining family. Ultimately, this led to a hearing in which the judge took sworn testimony from the two pre-adoptive families remaining under consideration which included the family of the son of the current foster mother.

According to the attorneys interviewed in this case this was a highly unusual step in such proceedings and further contributed to fragmentation and erosion of trust among all parties involved in the case. At issue from their perspective was a lack of clear understanding of the law regarding who could be considered as an acceptable candidate to become a pre-adoptive family, a clear understanding of all strengths of the families that were under consideration, and the intrusion of personal biases in analyzing this information. According to the attorneys this was a matter that could have been better resolved outside the court if the "team" had been working more effectively together toward mutually agreed upon goals. This also added further unnecessary delays in the overall progress of the case.

#### **What's Working Now**

At present the case seems poised to move forward given the outcome of the recent hearing that confirmed the selection of the current pre-adoptive family (i.e., son of current foster mother). Also, early intervention in-home services have been initiated which will further assist both the foster mother and pre-adoptive family. This will ensure that the child is provided with additional service and supports to monitor and address issues around developmental delays. It is critical that the Agency works with the foster mother to ensure that these services are actually implemented.

#### **What's Not Working and Why**

Although there has been "order and direction" imposed by legal mandates from the court, the formation of a true "team" approach has still not been established for this case. The case plan document is not a true commonly agreed upon "blueprint." In fact all parties outside of the Agency staff agreed that they had never been part of a meeting identified as team case planning meeting where ideas were exchanged and discussed openly.

#### **Six-Month Forecast/Stability of Findings**

Given current system performance, and the likelihood of the status of this child improving, which is defined in this case as the child being permanently settled into his pre-adoptive home as soon as possible, the six-month forecast is predicted to continue status quo. Barriers in this case include the vague timelines around completion of subsidy application, securing clearances, completion of home study, and interstate approval. A positive transition from the foster mother to the pre-adoptive family that supports and empowers the adoptive family is crucial to the successful completion of this case.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Ensure that the child receives early intervention services to stimulate development and to monitor developmental maturation.
- Provide foster mother and pre-adoptive parents with education/training on what kinds of behaviors and milestones must be closely monitored given the child's "at risk" birth profile, and access to the resources that will optimally stimulate the child throughout his development from now to school age.

- Constitute a true “team” to carry this case through its conclusion, possibly with an uninvolved facilitator using Family Team Meeting principles to ensure a positive transition to the pre-adoptive family.
- Team members should refocus on resolving all remaining issues to avoid further delays and misunderstandings, and to ensure the communication of timely and accurate information.
- Ensure that progress toward necessary legal documentation remains on course and is timely.

## **Written Case Review Summary**

Case 14

Review Date: September 28, 2005

Child Placement: Foster Care

### **Persons Interviewed (9)**

CFSA social worker, CFSA supervisor, review child, teachers (2), guardian *ad litem* (GAL), foster parent, paternal grandmother, previous social worker (not with CFSA but a prior foster care provider agency)

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The review child is an eight-year-old female currently residing in a foster home with her 11-year-old half-sister. Her case first opened for services in 2001, when her maternal aunt with whom she was residing, came to the agency (court) requesting assistance for the review child and her sister. The biological mother had abandoned the children in the aunt's home. The children were taken into legal custody in order to qualify for services, but remained in the home with their aunt. In 2002, the biological mother gave birth to another child who was brought into care shortly after his birth; a relative adopted that child in the spring of 2005.

In late 2004, the judge ordered removal of the review child and her sibling from their aunt and placed them into foster care, due to concerns regarding the aunt's ability to safely and consistently meet their needs. It is unclear whether this move occurred due to the aunt becoming hostile during the court hearing, or whether she had become resistant to agency involvement and would not allow workers to come into the home. The record does reflect some contact with the aunt leading up to the hearing in which the children were removed. This removal was immediate and not anticipated.

### **Child's Current Status**

Since the child's removal at the end of 2004, she and her sister are in their third foster home. One home disrupted due to concerns that the foster parents were not maintaining adequate heat in the home during winter months and not adequately meeting the other needs of the children. The other home disrupted due to the home closing as its license was not renewed. The children were placed with their current foster parents in spring 2005. In sum, the children have lived in four separate placements and attended three different schools during the past year.

The permanency plan for the review child is to be adopted by her paternal grandmother. Her sibling is also to be adopted, but there is no biological relationship to her. The paternal grandmother is committed to adopting both of these children in order to keep the siblings together.

### **Parent/Caregiver's Status**

At present, parental rights have not been terminated for either parent. The agency is in the process of completing a diligent search for the mother, and it is believed that the father will voluntarily surrender his rights, since he has stated we would do such. At present, there is not a signed voluntary relinquishment of parental rights by the father in the record. This is significant because the father's whereabouts are believed to be out of state, after he and his mother's relationship has become strained to the point where his mother had a current no-contact order with her son in the court. The father has both a legal and psychiatric history, and the concern regarding whether he

should have contact with his daughter (our review child) is mixed among the service team, with some members seeing no risks and other team members having concerns.

The relationship between the foster mother and the paternal grandmother is strained at this time. It was difficult to determine the frequency and duration of contact between the review child and her paternal grandmother since conflicting information was provided throughout the review. This is important, since the permanency plan is requiring increasing visitations as the child progresses towards the permanency plan of adoption. The record does not clearly reflect the current visitation picture.

The grandmother has completed her classes for licensing, and the final licensing approval has been somewhat delayed due to the time needed to complete a home study. The grandmother, working with the CFSA worker, is also attempting to locate extended hours day-care, since, her employment is an approximate one-and-a-half to two hour drive from her home, and the child will need to be dropped off early in the morning, prior to school, and then transported to school from the extended hours day-care. All persons involved are hopeful that the permanency goal will be achieved, and are waiting on the next court date to take the next steps.

#### **Factors Contributing to Favorable Status**

Presently, the review child is safe and is residing with a foster parent who loves her and is dedicated to meeting her needs. The review child and her sister have remained together since entering care in late 2004. The child is physically healthy, and is receiving adequate medical services, as well as specialized assessment for a recently detected heart murmur. The review child is moving towards achieving her permanency goal of adoption, with steps such as ICPC, licensing, home study and graduated visitation taking place. The review child attends school regularly.

#### **Factor Contributing to Unfavorable Status**

Due to the multiple moves during the past year, the review child has not experienced consistent stability during the timeframe of the review. The review child is reading below grade level, and is having difficulty in school, which is attributed to her lack of stability in one school setting. Her emotional well-being is also of concern, manifesting as having behavioral problems in the home and classroom. The review child also yearns to see her previous caretaker (aunt) and misses her extended family (cousins), as she has had limited contact with them since removal at the end of the year. Although the child is progressing towards adoption with her grandmother, there is question as to whether returning to the aunt from which she removed was considered during the permanency planning process.

An additional complicating factor is that the child resides in the District, but, the grandmother resides in Maryland. The interstate compact on the placement of children (ICPC) process is being completed at this time and the CFSA worker was recently informed that the grandmother's home would be approved for licensing. After being licensed, the child and her sister are to begin having overnight visits with the grandmother. Up to this point, visits have only been daytime.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker has worked very hard in trying to achieve permanency for the review child and her sibling. There has been weekly face-to-face contact in the home until recently, and the social worker has stayed in contact with the various team members. Steps to complete an ICPC for adoption are being completed. Recently, the review child was diagnosed with a heart murmur. After two trips to the emergency room following the child stating she had chest pain (both reports from the emergency room stated there were no concerns and it was believed that the child is claiming to have chest pains to gain attention), a referral for a cardiology assessment was completed to provide more concrete evidence to the child that her heart murmur is not an immediate concern. In-home counseling services were also obtained after the review child and her sibling began having more behavioral problems, and as the problems persisted over the summer, the frequency of the in-home services was increased.

### **What's Not Working Now and Why**

Some of the relationships between various persons involved with the review child are contentious; this is causing some difficulty amongst the providers (GAL, foster parent, social worker, adoptive placement). This is likely impacting the current visitation strategy, as well as the child's progress towards achieving permanency, since not all of the team members agree that the best permanency plan for this child is to be adopted by her paternal grandmother. Also, it appears that the implementation of case planning activities are following the court specified timeframes, where as it may be more beneficial to amend the current case plan to move more quickly towards the achievement of permanency.

During the review, participants often provided divergent descriptions on the status of the child and performance of the system. Similarly, there does not appear to be a functional team actively partnering with one another in order to adequately meet the needs of the child and family. Presently, there are concerns regarding the review child's school performance and emotional well-being and limited coordination between educational/child welfare and therapeutic/child welfare providers. Additionally, the written case plan document is difficult to follow, and is likely not acting as a driver or plan moving the child towards safe case closure.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Convene all persons involved with the review child for a team meeting to provide an opportunity for each person's perspective to be heard and to improve understanding of each other team member's role. Prior planning for the team meeting would include sharing current status information, establishing a pre-set agenda focused on planning to achieve the best possible outcomes for the child. Permanency, educational well-being and emotional well-being can be topics addressed during the team meeting. Through coordination, ensure that the plans of educational and therapeutic providers are adequately implemented and are progressing towards the achievement of necessary outcomes.
- Consider amending the current strategy of awaiting court dates to move forward on permanency planning steps by re-submitting the case plan crafted through the team meeting to the court attempting to expedite the accomplishment of the permanency plan.

- Ensure that both biological parents are being sought after through the diligent search process. Try to locate the biological father through the paternal grandmother for a signed voluntary relinquishment of rights or consent to adoption.

## **Written Case Review Summary**

Case 15

Review Date: October 5, 2005

Child's Placement: Foster Care

### **Persons Interviewed (5)**

CFSA social worker, CFSA supervisor, foster mother, provider agency social worker, biological father

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The focus child is 16 months old and is the youngest of six children. All of the older siblings live with the biological mother, while the focus child resides in foster care. This child has never lived with his biological family. He was born several weeks premature weighing only three pounds, four ounces, and tested positive for cocaine at birth. This resulted in medical complications requiring him to stay at the hospital for two months. When released from the hospital, the child was placed in the foster home where he currently lives. The foster home consists of a full time foster mother, a foster father, and another young foster child with developmental delays similar to the focus child. In April 2005, the child underwent surgery to correct his exotropia (misalignment of the eyes). As of June 2005, his permanency goal is adoption.

The mother currently resides in a two-bedroom apartment with the child's maternal grandmother and five of the child's siblings, ages 13, 9, 5, 4, and 3. The mother is pregnant and due to give birth in January of 2006. The father, who is approximately 20 years older than the mother, currently resides with the child's paternal grandmother. The father is employed full time and has four children; these children are reportedly the youngest four siblings of the focus child.

Both CFSA and a contract provider agency are involved in this case. The child currently receives occupational and physical therapy and participates in a parent playgroup. The therapeutic services address his physical and cognitive developmental delays, while the playgroup exposes him to other children with similar issues to support his social development. The foster mother indicated that the child is in need of speech therapy, and at the time of this review the process for enrolling him in this therapy was close to being finalized.

### **Child's Current Status**

The overall child status is in the maintenance zone. The child is provided with an exceptional amount of safety and stability in the foster home. He consistently receives the services and supports needed to continue developing at a rate consistent with what is expected of him at this time. Given his medical issues (i.e. developmental delays, cognitive delays), the current placement provides the child with conditions that nurture and support his physical health/well-being, emotional/behavioral well-being and his learning. This child has only been in one foster care placement.

*The only area that was deemed to need refinement was permanency prospects for the child. The child is with a family who will endure with him until a permanent placement has been secured; however, there is not a specific plan in place to reach this goal. The birth parents will likely contest the adoption, which could lead to delays in obtaining permanency for him.*



**Parent/Caregiver's Status**

The foster parent status is in the maintenance zone. The foster mother receives all the services and supports needed to provide a safe and nurturing environment for the child. This strong relationship allows the foster mother to secure necessary services while being an active participant in decisions that affect the child's life and well-being. She attends court hearings when necessary and participates in ongoing planning meetings regarding the child.

The parent status is in need of improvement. The mother is good to the five children living with her; they are well fed, appropriately dressed, and attend school or childcare every day. The relationship between the biological father and mother reflects a pattern of disruption. The living situation alternates between periods when the parents live together with all the children and periods when they are separated due to financial, housing, or relational hardships. Neither the mother nor father is actively involved in the focus child's life, and have not engaged in services.

**Factors Contributing to Favorable Status**

There are two main factors contributing to favorable status. First, the safety and stability of his foster placement offers him an environment in which his medical, social, and emotional needs are adequately met. Second, the strong relationship between the foster mother and social worker results in coordinated efforts to secure appropriate resources and services while anticipating the day-to-day needs of the child.

**Factors Contributing to Unfavorable Status**

The permanency goal for this case is adoption and this process seemed to be slightly delayed due to disparities among CFSA agency staff regarding the next steps required to move forward with the adoption. For instance, one staff worker reported that three prospective adoptive families had been identified and was under the impression that the next step was to complete the adoption packet, while another staff member reported that the next step was actually to narrow down the three families to one family before the packet is submitted. Yet another person who was interviewed believes that identifying a family is premature and there needs to be further exploration of family members first.

Another factor that contributes to an unfavorable status is the fact that the biological mother has been offered a variety of substance abuse treatment services that would aid in regaining custody of the child, but has repeatedly failed to follow through with any of them. The biological mother may be unwilling or unable to assume the high level of responsibility that is required to address the child's persistent medical needs. She may have been in need of more, or different types of, services in order to be more successful with regaining custody prior to the permanency goal changing to adoption.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

The overall system/practice performance should be maintained. Resources in this case were adequately identified and utilized to support both the child and the caregiver. Most of the appropriate people were involved in decision-making in this case (i.e. social workers, supervisors, foster parents, therapists). Coordination and leadership among the various people involved in the case was good. The social worker in this case appeared to be the central point of contact and was reported to go above and beyond expectations in ensuring that all of the child's needs are addressed. Informal supports and connections were good. The caregiver participates in a parent playgroup that provides both formal and informal social supports for the foster mother as well as for the child.

**What's Not Working Now and Why**

There seems to be a lack of understanding, on the part of the team, of the mother's issues and needs. There is lack of clarity regarding her substance abuse history, childhood stressors or trauma, and resistance to following through with services needed to return the child home. There seems to be key information missing in the overall assessment in this case, especially with regard to the level of engagement with the biological father and the appropriateness of services that were offered to him.

The case plan documents have little impact on daily practice in this case. There is planning taking place for the child; however, neither the efforts nor the goals and strategies are reflected in the case plan documents. The case plan does not reflect unified goals and strategies for moving forward toward adoption of the child.

Most of the right people have been identified as members of the team. The birth parents are not currently participating in the team planning; however, their lack of participation should not reflect on the system performance and efforts as there have been efforts made to include them.

**Six-Month Forecast/Stability of Findings**

Based on the current service system performance found for this child, the child's overall status is expected to improve. Currently, there are no foreseeable disruptions to the child's placement in his foster home.

**Practical Steps to Sustain Success and Overcome Current Problems**

- Bring together a team to assist in clarifying the next steps to move toward adoption of the child. This team should include, but not be limited to, family, medical personnel, early intervention/education personnel, provider agency staff, foster family, and court personnel.
- There needs to be a thorough assessment to enhance the understanding of the dynamics of this family. It is not clear why the child's mother does not follow through with the required service intervention when she is reportedly so capable with her other children. The level of involvement or intent on the part of the child's father is also not clear. Although the child's medical needs are being managed now it is important to have an understanding of what future difficulties may arise and how those should be dealt with. His developmental delays will also need to be monitored.

## **Written Case Review Summary**

Case 16

Review Dates: October 5, 2005

Child's Placement: Foster Care

### **Persons Interviewed (8)**

CFSA supervisor, foster parent, maternal grandmother, guardian *ad litem* (GAL), kindergarten school teacher, therapist for the child, maternal aunt, and the child

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The review child is a 5-year-old African-American male living in a foster home in Washington, DC. CFSA became involved with this family in May 2005, due to a report of medical neglect. The child was admitted to the hospital, due to a high fever and pneumonia; he had recently been treated for the same symptoms at an area hospital. The child's mother admitted that "after a day or two" she stopped giving her son prescribed medication to treat his condition. It was also reported that the mother's boyfriend occasionally slaps him in the face. The boyfriend lived with this child and his mother. The child's father is unknown. CFSA removed the child from his mother's care and placed him in foster care due to medical neglect and the mother's lack of interaction with the Child Protective Services worker. The foster family is composed of the foster mother, another foster child and this child. The permanency goal for the child is reunification with his biological mother.

### **Child's Current Status**

This child is a precocious and articulate child. He seems to be very bonded to his extended family members and has a "lot of cousins that he plays with." The child is in kindergarten at an elementary school in Washington, DC. He has good social skills and is described as being very honest. He gets along well with his classmates and has good school attendance. This child attended the same school for pre-kindergarten.

The child is receiving individual and family counseling. His doctor prescribed a special diet to bring down his high cholesterol level; according to the foster mother, his cholesterol is at a normal level due to the change in his diet.

This child is becoming guarded with his communication and there are some concerns that he may be getting inappropriate information from his family members. There seems to be a concern from services providers that this child maybe trying to accommodate all his family members "to make everyone happy," which could place a tremendous amount of pressure on him.

### **Parent/Caregiver's Status**

The child's mother is a 28-year-old African-American single parent. She was ordered by the court to attend parenting class, family counseling, anger management class and weekly drug testing. She has completed her parenting class and has had weekly visits with her son since his removal. Since May of 2005, this child's mother has participated in weekly drug testing; at the beginning of the testing, she tested positive, however she is now testing negative. The child's mother believes her son was removed from her home "unfairly." The father of the child is unknown.

The child's mother completed a psychological evaluation in August 2005; the evaluation assessed the mother's current level of cognitive, emotional, and parenting functioning. She was diagnosed

with cannabis dependence and a personality disorder with histrionic, narcissistic, and compulsive mannerisms. The psychological evaluation provided recommendations for treatment for the mother. Three weeks ago the mother was hospitalized due to a car accident; she suffered a stroke due to the accident and reports that she is still weak, tired and in need of rest.

The foster parent is very attentive in making sure this child's basic needs are met and takes him to all of his necessary appointments. She is very aware of his emotional and developmental needs. She feels the previous social worker was supportive of her and provided her with the necessary resources to care for this child. This caregiver has been a foster parent for fourteen years.

#### **Factor Contributing to Favorable Status**

Despite an unclear plan for permanency for this child, he has a nurturing and safe foster care placement. The child is comfortable in his foster home and likes his foster mother. He gets along well with the other foster child residing in the home, who is a female and close to his age.

This child's maternal aunt has completed the necessary requirement to become a licensed foster parent and has expressed an interest in her young nephew coming to live with her. This child's maternal grandmother would like him to live with her as well.

This child's mother has complied with all court orders and the CFSA worker's recommendations to achieve reunification with her son. The mother's goals and objectives were derived from a family team meeting held in May 2005, and court hearings.

There is a good understanding of this child and his functioning by the team of people who are working with him. His cultural accommodations are appropriate.

#### **Factors Contributing to Unfavorable Status**

Permanency has not been decided for this child, and adults who care about him have different ideas about what is best for him. One review participant specifically expressed that a clear permanency plan be developed for the child, so that "his life will become more stable."

Recently, the mother wrote a letter to the court alleging that her father (grandfather of the child) touched her inappropriately and she is concerned about her son being in his presence. Child Protective Services is currently investigating these allegations. There is a concern that this child is visiting his grandparents with no clear, written, formal safety plan when the grandfather is present. As a result of this most recent development, the court ordered supervised visits for all family members.

The grandfather was incarcerated for fourteen years for raping a minor and was incarcerated for most of the mother's childhood. The grandfather has participated in treatment for pedophilia, according to CFSA records; but there is no relapse prevention plan. There is also concern that the grandmother is in denial of her husband's pedophilia and has minimized the rape conviction. The grandmother has not been evaluated for her protective capabilities, nor has CFSA documented her ability to protect other children. It was recommended that visits to the grandparents' house be terminated until there is a clear safety plan.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now**

The providers involved with the case are the right people working with the family and foster family. There are family members who are willing to care for this child in the event that his

mother can't care for him. Providers and the family are satisfied with how the previous worker guided this case and kept everyone informed and on the same page. This child had a good relationship with her as well. This child's mother has indicated to CFSA that she is in agreement with the goals set by her family from the family team meeting.

#### **What's Not Working Now and Why**

The previous social worker is on maternity leave, and a new CFSA worker was recently assigned to this case. The team of people working on this case, including family members, indicated that communication was very good when the previous worker was involved with the case. However, since she has been on maternity leave there has been fragmented communication. For example, no one has told this child about his mother being in the hospital and his visits with her have abruptly stopped with no explanation. Over the past few weeks, the child has not been as talkative in therapy which has caused concern. There has not been any follow-up on the recommendations from the psychological evaluation for the mother, nor are the recommendations reflected in the case plan. Although the team formation is appropriate and those that are involved are invested in the well-being of this child, there is a challenge to the functioning of the service team. No one is taking leadership of the case or disseminating information to all parties since the previous worker has been absent. The court-ordered goal is reunification; however, at present, there is no indication that steps are being taken to guarantee stability for this child.

Service providers have not engaged the mother since she has been in the hospital. She should be included in the decision-making process to decide the best possible placement for her son if her prognosis remains uncertain.

#### **Six-Month Forecast/Stability of Findings**

This child's overall status is likely to remain about the same. The previous social worker was very involved with this case and effective in utilizing resources within the family and community to support this child's transition. However, there are still some challenges with the transition of a new worker on this case who isn't as familiar with the family. Once the new worker becomes more involved with this case and assesses this child's permanency options, his overall status may improve.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Bring all service providers, foster parent and family together to develop a path to achieve the permanency goal. Coordinate a family team meeting.
- Develop a revised case plan for the mother that takes in to account the recommendations from her psychological evaluation and permanency for the child. Assess the mother's current health prognosis and mental health capacity as it relates to parenting her child.
- The new worker should engage the families as soon as possible, to quickly assess the needs of this family and provide the necessary resources for this child.
- Reinstate visits between the child and his mother.
- Develop a safety plan for the child that addresses risk and protective capacity when visiting his grandparents.
- Develop a better flow of communication between the service team that is involved with this case.

## **Written Case Review Summary**

Case 17

Review Date: October 5, 2005

Child's Placement: Foster Care

### **Persons Interviewed (5)**

Social worker, supervisory social worker, guardian *ad litem*, aunt, focus child.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The focus child is an 18-year-old, 10th grade, African-American male whose family became known to CFSA in 2000 due to allegations of neglect. This client is the oldest of five siblings. His mother has been deceased since June 1999, and his father is currently serving a long-term prison sentence for attempted murder. The siblings are currently placed in a variety of committed status living arrangements including residential treatment, kinship care and traditional foster care. The focus child resides in a traditional foster care, and has been in this home for the past three weeks. He has had five placements since being removed from his birth family, including kinship care, three foster home placements and a group home placement. He remained in these placements for various lengths of time ranging from six months to one and a half years. During his last foster care placement he became angry and verbalized threats to slash the car tires of his last foster parent because she refused to drive him to school. He was replaced in a respite foster care home where he currently resides.

### **Child's Current Status**

The focus youth is bright, articulate and engaging. He has been attending his weekly therapy sessions with active participation. He has been noted to have a significant increase in trust towards his therapist. As well, he has started to take his medication consistently as prescribed whereas in the past he had been quite resistant. He appears to be responding well to the medication and he notes noticeable changes to his affect and overall presentation. He tends to focus more and his concentration has improved. He relates that he no longer isolates in his room and has become more interactive in his environment. Previously, he had exhibited a disruption in sustained attention and concentration. He was also noted to smoke marijuana and isolate in his room.

The youth is in his third year in the 10<sup>th</sup> grade. He has repeatedly failed the 10<sup>th</sup> grade due to not attending classes or not completing schoolwork after the second quarter. Psycho-educational testing and a neurological evaluation have been done and he is reported not to have a learning disability. This school year, the youth has been attending high school regularly, taking nine classes, and reports that he is doing poorly in only one subject area due to his inability to organize his schoolwork schedule. He is contemplating the options of remaining in high school for two additional years and receiving his diploma or taking the GED and starting college early. His concentration and attention span appear improved, as he has become an avid reader.

This client has a permanency goal of Independent Living/APPLA. He has not and is not currently pursuing gainful employment. He has been referred to the Keys for Life Program three times and has started the program twice. Additionally, he had been working with a mentor who died tragically and unexpectedly. As a result, the focus child was referred to a psychologist. He is seen by a psychologist for weekly individual therapy sessions to address his depression, grief

and loss issues, and to assist him with his ability to maintain emotional self-control. He is prescribed Concerta by an agency psychiatrist who he sees monthly for medication management.

He further states that he hasn't used any illicit substances since mid-summer and appeared excited about it. He reports that he even tries to discourage his schoolmates from taking any illicit substances. He looks forward to taking random urinalysis now as he is certain that the results will return negative.

The focus child has been in this foster home for the past three weeks and appears to be adjusting well to this family. He is respectful to his foster parents and has a noticeably closer relationship with his foster father.

#### **Parent/Caregiver's Status**

The focus child relates having a distant relationship with his siblings. He further notes that they rarely visit. His father is incarcerated but participates in all of his children's court hearings via telephone. The client's aunt is very involved in his care and, as such, is in the process of trying to license her home in order to become a kinship care resource for him. She is scheduled to start attending the PRIDE training on Saturday. Moreover, she has attended court hearings and followed up with requests made of her. The focus child has spent quality time during the summer with his aunt and her children and appeared to have enjoyed himself.

#### **Factors Contributing to Favorable Status**

The focus child has increased his level of trust with his therapist and feels comfortable discussing issues with her rather than displaying inappropriate acting out behaviors. He has been regularly attending and participating in his psychotherapy sessions. He appears well-maintained on his medication and appears to have a brighter outlook on the future. He realizes that his permanency goal is Independent Living and is making efforts to re-engage the Keys for Life Program. The aunt remains a source of family support.

#### **Factors Contributing to Unfavorable Status**

The focus child remains in need of a mentor to assist in maintaining a positive outlook. He continues to need life skills training and assistance in obtaining gainful employment. The family has an adversarial relationship and is reported to constantly fight with each other. This has led to disputes over where the focus child should be placed and with whom. His father's side of the family is distant from his mother's side and considering that his siblings are placed with both paternal and maternal relatives the chance of family connectedness is greatly diminished.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

The overall system performance is in the maintenance area. Team members in the system are engaging each other well. They all have the same permanency goal for the focus child and resource identification is appropriate.

#### **What's Working Now**

The foster care agency took the initiative to make a referral for the focus child to receive a neurological examination to assist in their biopsychosocial assessment process. This workup proved invaluable as recommendations were made for this child to receive individual therapy, and medication management.

Appropriate referrals were made for psychotherapy and medication management. The foster care agency was able to identify a therapist who the focus youth really identifies with and with whom

the youth has developed a trusting relationship. This client is receiving individual therapy weekly to address his depression, grief and loss issues, and his ability to maintain emotional self-control. He is prescribed Concerta 1mg and has monthly visits with his psychiatrist for medication management. He appears to be responding well to the medication, as he demonstrates a decrease in depressive symptoms and acting out behaviors.

The foster care agency re-engaged the focus child in the Keys for Life Program which will provide him with needed independent living skills. The client appears to be more focused and goal-oriented and verbalizes the need to acquire independent living skills.

The foster care agency, in conjunction with the client's aunt, took the initial steps to license her home as a kinship care placement option for this client. The client bonds with this aunt during parts of the summer, so licensing her home is a temporary option for this client while pursuing his permanency goal of independent living. This aunt is very invested in this client and attends court hearings regularly and follows-up with recommendations accordingly.

Primary stakeholders are communicating well with each other. Everyone articulates the same global permanency view for this focus child.

#### **What's Not Working Now and Why**

There has been a lot of discussion around the focus child's educational goals, but there is no definitive plan of action. Considering this client's age and grade level, there remains some level of uncertainty as to whether he will complete the 12<sup>th</sup> grade in the next two years or whether he will obtain a GED and start college in the near future.

Lastly, the lines of communication with the aunt and the focus child should be strengthened regarding this client's permanency plan. The aunt has begun the process to license her home as a kinship care option. Care should be taken to ensure that they are both aware that kinship care is not a permanency plan and that the aunt should have a support role for the child in the event APPLA/Independent Living is achieved.

#### **Six-Month Forecast/Stability of Findings**

Based on the current service system performance found for this client, the child's overall status is likely to improve. The focus child is attending psychotherapy and medication monitoring regularly. He is taking his medication as prescribed. He is responding well and his affect and overall presentation has improved. He currently denies any illicit substance usage. Primary stakeholders are communicating well and working towards the goal of Independent Living for the focus child.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Determine the focus child's educational goal, and schedule a meeting with the guidance counselor, the child, and primary stakeholders to develop a viable educational plan for him.
- Meet with the focus child and his aunt and clarify the permanency plan for them.
- Monitor the focus child's participation in the Keys for Life Program. Ensure that he attends and participates in order to obtain essential life skills.



## **Written Case Review Summary**

Case 18

Review Date: October 3, 2005

Child's Placement: Foster Care

### **Persons Interviewed (9)**

Foster mother, private agency worker and supervisor, CFSA worker and supervisor, maternal grandmother, guardian *ad litem*, assistant attorney general, child (observed)

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The identified child is a 23-month-old African-American female born to 17-year-old parents. The child is currently in a specialized family foster care placement in Maryland. Also in the foster home are the child's foster mother, foster father, and an unrelated foster child who is 16-months-old. The child has two siblings: a four-year-old sister in another non-kinship foster home, and a three-month-old brother currently living with his paternal grandparents. All three of these children have different fathers.

Also of importance in the child's life are her mother, whom she sees only when she shows up during a visit that the child is having with her maternal grandmother (MGM); her father, whom she sees during her regular weekend visits with her paternal grandmother (PGM); her MGM, with whom she has regularly scheduled unsupervised overnight weekend visits; and her PGM, with whom she has regularly scheduled unsupervised weekend day visits only. The child's mother was in a correctional facility at the time of this review due to an assault charge; her release date is unknown. The child's father currently lives with his mother; he has a history with the juvenile delinquency system.

CFSA first became involved with this family in February 2005, following contact by hospital staff reporting concerns of medical neglect. The child was brought to the emergency room, due to a cyanotic episode, which was described as the child being "blue and greenish in color due to trouble breathing and wheezing." This was reportedly the third acute level admission where it was reported that the child's mother was not providing for her medical needs. The child has asthma and acid reflux disease. Physicians prescribed use of a Nebulizer PRN for her asthma and Zantac daily for her acid reflux disease. The child was placed with her current foster family in March 2005, upon her discharge from the hospital.

The agencies currently involved in the child's case include CFSA and a contract agency provider. There have been several service interventions offered to the mother, including in-home services, outpatient therapy, teen parenting, subsidized housing, working toward her GED, anger management, and parenting classes. She has not cooperated with, or followed through with, any of the services offered. The information gathered during this review would indicate that the only service that may have been offered to the father is parenting classes. The child is not receiving any formal services. She does, however, participate in a parent play-group because the other foster child in the home is enrolled in the play group and they have given the foster mother permission to bring this child along.

### **Child's Current Status**

The overall child status is in the maintenance zone. There are no safety risks to the child in her current foster care placement; this family provides a very safe, secure, and stable environment. Although these foster parents are not a permanent placement option they are willing to provide for the child as long as it takes for permanency to be established for her, whether that be with one of her grandparents, her parents, or a possible adoptive home. The current permanency goal is reunification, though a recommendation to change the goal to guardianship is to be made at the next court hearing in January 2006.

Guardianship is being considered with the MGM or PGM. The MGM is currently in the process of obtaining her kinship license so she can take the child, and possibly a sibling, into her home while waiting for guardianship status. The status of the MGM's licensure was not clear at the time of the review.

Per observation, case record review, and interview with the foster mother, the child's health status is very good. She receives timely and necessary medical treatment. The dates and status of her medical appointments are well-documented in the case records and by the foster mother. Although the child had significant medical issues at the time of placement in foster care, her health status has improved dramatically. She no longer requires the use of an apnea monitor and has not had any problems with her acid reflux disease since her placement in foster care. Her asthma treatment is administered only as needed, and the foster mother reported that the child has not had an asthma attack since placed with them in March 2005.

The child's emotional well being was optimal at the time of this review. She appeared to be symptom free, happy, and well adjusted in her current placement. The child has made great strides in her development; those who have observed the child report that her verbal skills have improved greatly since her placement in foster care. There were no concerns raised regarding her current developmental progress.

### **Parent/Caregiver's Status**

The status of the child's current caregivers is optimal. They offer this child safety, structure, and a sense of belonging. The foster mother reports that she is involved in the decision making process for the child, and believes she has a voice in determining what is in the child's best interest. She attends court hearings when necessary and participates in ongoing planning meetings regarding the child.

The status of the child's parents is questionable given their current status. The mother is in jail and her release date unknown. There appears to be little planning toward the development of a plan for the mother's release from jail, e.g. housing, service needs, etc. Her availability to her child is inconsistent as reported by those interviewed. She attends the court hearings on occasion and attended the initial Family Team Meeting. The mother has not cooperated with any of the services that have been offered to her. She has been involved in various altercations, including the recent assault that resulted in her arrest. She has not accepted responsibility for herself and would therefore likely have little success in offering the child appropriate support and structure.

The father's involvement in the child's life was unclear at the time of the review. There was conflicting information reported during the scheduled interviews, as well as the record review, regarding the quantity or quality of the visits between the child and her father. One person interviewed indicated that the father is very attentive and loving to the child during her visits at the PGM's home. It is also unclear as to what services have been offered to the father since the

child's placement in foster care. There was mention in the record that perhaps he was offered parenting classes; however, it could not be verified whether he participated or completed the class.

### **Factors Contributing to Favorable Status**

The main factor contributing to the child's favorable status is, as previously mentioned, the stability and safety that the foster family offers to the child in their home. They provide her with consistency, affection, encouragement, and the necessary skills to advance in her development. She is currently developmentally on target. The foster parents are also very attentive to and responsible for the child's medical needs as well. She has no urgent medical needs at this time. Given all of this, the child seems to be happy, healthy, and emotionally well-adjusted.

### **Factors Contributing to Unfavorable Status**

What seems to be contributing to unfavorable status are the many unknowns in this case. There is no clear indication of the involvement of the father or his intention of caring for the child. There is no clear indication of the mother's release date or her intention of involvement in caring for the child. The MGM expresses interest in becoming licensed to care for the child and her sibling(s); however, it is not clear where she is in this process. Additionally, the grandmother has some health issues and it is questionable whether she would be able to handle caring for the child and her siblings. The permanency goal is reunification; however, not one person interviewed agreed with this goal. The response from each of these interviewees was that the goal should be changed to guardianship with consideration of placement with the MGM. Some of those interviewed seemed unaware of the option to request a concurrent goal of guardianship with the court at this point in the case. All of this impacts the permanency status of the child.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

There was evidence of good efforts on the part of CFSA to assess the mother's needs and to arrange for and engage her in services based upon this assessment. The mother was offered parenting instruction three times and anger management twice, in which she did not participate. As a result, she was referred and accepted to a hospital-based program for mental health services, but did not participate due to her arrest. Additionally, the mother was accepted to a structured housing program for her and her infant child, but she was not interested in participating in the teen mother's program.

There have been some efforts to coordinate goals and strategies between the CFSA and the contract provider agency. There was a fair understanding among team members as to the family's history, the family's needs, and the child's status. The child enjoys regular contact with her MGM, PGM, and has occasional contact with her birth parents. She also has regular contact with her siblings at the grandparent's home. CFSA and the foster parents support this connection between the child and her family.

### **What's Not Working Now and Why**

There does not seem to be a single point of coordination in this case. The child is monitored by the provider agency, and the family is monitored by CFSA. The boundaries and responsibilities do not seem to be clear between the two providers. The interviews revealed some discrepancy regarding what level of contact each agency should have with the mother and other family members, particularly when discussing who should be engaging the parents in service interventions and visits.

When interviewing the foster parent and the MGM it appeared that neither of them was clear regarding the plan for the child. All parties interviewed could state that the permanency goal for the child is reunification; however, no one agreed with this goal. Rather, each of them believes the goal should be guardianship with MGM. As a result, the path to permanency for this child is not clear.

Some critical information was missing in the assessment and understanding of this case. The understanding of the mother's needs was not comprehensive, e.g., her mental health status, parenting capabilities, her willingness to parent, etc. There are also unknowns about the child's father.

The case plan documents have little impact on daily practice in this case. The objectives and measures in the plan are generic and not individualized to the child. The plans do not address the specific needs of the child or her family, e.g., mom's mental health needs, the child's need for permanency, etc. The strategies for change are not clear and realistic timeframes are not identified.

### **Six-Month Forecast/Stability of Findings**

Based on the current service system performance found for this child, her projected six-month status is likely to remain status quo. Given that there does not seem to be any forward progress toward getting the MGM appropriate licensure status, and that there has not been a thorough assessment regarding the appropriateness of placement with either the MGM or PGM, the child's permanency status will likely not change over the next six months. Her placement with her current foster family will continue to be appropriate for her and will provide her with the necessary care.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Follow up on the status of the kinship license for the MGM. Determine what is causing the delay in licensure. It is important to communicate the status of the licensure with the MGM and all other members of the child's team.
- Develop a plan for the mother's service needs, housing, etc. upon her discharge from jail. Identify the frequency of scheduled visits with the child and define what her long-term involvement will be with the child. Discuss guardianship options with the mother and clarify expectations for her to achieve reunification.
- Explore the need for additional assessment/evaluation of the mother. It may be beneficial to have her undergo a psychiatric evaluation to assess for possible mental illness. Identify the mother's underlying needs, which cause her to make the choices she does regarding her child and her own life.
- Schedule a multidisciplinary team meeting including all appropriate parties, such as the parents, foster parents, grandparents, agency staff, GAL, medical personnel, and early intervention/education providers. This team should focus on next steps for this child and family. They should assess for suitable permanent placement for the child, including taking a realistic look at the appropriateness of either of the grandparents.
- CFSA and the contracted provider agency should communicate regarding their individual and team roles and responsibilities.
- Explore with the father what his desires are regarding service needs, visits with the child, and permanency. Discuss his views regarding guardianship with the child's grandparents.

## Written Case Review Summary

Case 19

Review Date: October 5, 2005

Child's Placement: Foster Care

### Persons interviewed (10)

Private agency social worker, private agency supervisor, guardian *ad litem*, mother's attorney, assistant attorney general, birth mother, maternal grandmother, foster mother, day care provider and child (observed).

## CHILD & PARENT/CAREGIVER STATUS SUMMARY

### **Facts About the Child and Family**

The child under review is a two-year-old African-American female who is medically fragile and is the youngest of seven siblings. The child's biological family consists of a mother, age 36, and her father, unknown age. It is unclear as to whether the mother and father reside together. Not all of the children have the same father. The child has one adult brother and a teenage sister who reside with the biological mother, two sisters who are placed together in a foster home, one sister who is incarcerated and another brother is in a psychiatric hospital and may return to a foster home.

The family came to the attention of CFSA in December 2004, when a referral was made to the investigation unit by one of the children's probation officers due to lack of heat and hot water in the home. This family has a history of referrals to CPS that dates back to 2002. Results of the current investigation were that the children were in "imminent danger for continued neglect, educationally, medically and the deplorable conditions of the home were not suitable for anyone to be residing in." There was also possible drug activity. The maternal aunt could not take the children and the maternal grandmother stated that she would only take the children for 72 hours to give her daughter enough time to clean her house. Within that time, another CPS report was made and it was found out that the grandmother allowed some of the children to go back home. Upon return to the home the social worker found numerous adults and teenagers in the home; it was in the same unsafe, unsanitary, deplorable condition as before and the children were removed. Currently, five of the seven children are in out-of-home living arrangements.

Since January 2005, the child has been in a foster home where she is receiving excellent care. The child is also in a day care program and receives services from an early intervention program due to speech delays. The foster parent receives services through the child's social worker and the social worker's agency. Additionally, there is a licensed practical nurse (LPN) who provides in-home services to the child.

### **Child's Current Status**

The child is receiving excellent care, physically and emotionally, in a single parent foster home with a reliable and caring caregiver. She has been stable in the daycare setting. The home includes the focus child, the foster mother, and another six-month-old foster child. The focus child appeared well connected to the foster mother and foster sibling and she is safe in her living and daycare environment. She impresses as an outgoing, curious child.

All participants in the case, including the foster mother, are aware and supportive of the case goal of reunification with the birth mother. If reunification is not attainable, the concurrent plan is adoption by the foster mother. There is a clear, realistic permanency plan, and safe case closure should be able to be accomplished in the next four to six months.

The child is residing in the least restrictive most appropriate home setting to meet the her needs and this placement is a good match for her, but she is not residing with any members of her family. An LPN service is available to the foster mother to stay home with the child when she is sick; the child is frequently sick and the foster mother has exhausted her sick time at work. Weekly family visits are being changed to every other week to preserve the foster home placement.

The child is medically fragile and is frequently ill because of asthma; she has to be nebulized twice daily. The child is up to date on all immunizations and medical appointments. The foster parent and daycare providers meet all of the child's basic and special needs.

Emotional and behavioral functioning of the child is optimal. The child is age two with no behavior problems. She appears smart and behaviorally appropriate. The child was observed in the day care setting where she appeared to have a connection to the other children and day care providers. She was appropriately caring to her younger foster sister and gave her an unprompted kiss goodbye at the day care.

The child is speech-delayed and receiving needed services at an early intervention program. She makes sounds but usually not recognizable words. This does not stop her from getting her needs met; she points, takes someone's hand, and uses facial and hand expressions in a well-developed manner. Other essential functioning activities are on target. She can follow simple directions and engages in developmentally appropriate play.

#### **Caregiver Status**

The child benefits from the caring and nurturing environment the foster mother provides. All of the focus child's basic and emotional needs are met and more. The foster mother reaches out for supports and assistance when needed. The agency has provided support to the foster mother to maintain the placement.

The caregiver's participation in decisions was ranked a little lower because the caregiver is not a full and effective partner in all decisions made in regards to assessment, service planning, implementation, and monitoring of the child's case.

The foster mother is consistent and supportive of the requirements of the reunification plan. She has already stated that if reunification could not occur that she would adopt the focus child.

#### **Parent Status**

The birth parent makes substantial contribution to the decision-making on the case. There has only been fair progress on the parent's part for safe case closure. The birth mother visits the child twice a week, and the father participates in the family visit weekly. The mother has completed parenting class and has started participating in a birth parent support group. She has had a psychological evaluation, but has not attended the recommended therapy sessions. She has a subsidized housing voucher and is looking for adequate housing so that her children can return home. Homemaker and collaborative services have been arranged for her on two occasions but she has not taken advantage of these. She may be able to meet timeframes for safe case closure if she can obtain and maintain suitable, safe, sanitary housing for her child within the next six months.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Areas of the system functioning that are working well for this family are coordination and leadership, understanding the permanency plan, tracking and adjustment of case services, maintaining family and cultural connections, and resource availability. Even though there are not any formal team meetings, there is clear direction in this case and everyone is working toward the case goal of reunification. Services have been available to the child and family, and adjustments in the provision of services are made as needed. Aside from the mother obtaining housing, there are no lapses in service provision that would impact the permanency timelines or the stability of the current placement. All of the child's medical needs are met. There are regularly scheduled parent visits as well as sibling visits.

### **What's Not Working Now and Why**

Areas needing refinement in the system are the effort and level of engagement used with the family, team formation and functioning, efforts towards permanency, case planning, intervention implementation with the parents, and family court interface. It appears through documentation that the CFSA social worker meets with the birth mother on a monthly basis; however, no ongoing team meetings are held to involve the mother in formulating the working case plan. Although individual team members were in contact with each other, there was no practice of getting all the team members together to formulate and review case plans.

In efforts towards permanency and case planning there is an issue regarding the possibility of the mother's substance/alcohol abuse that does not appear to have been addressed although it was referred to throughout the case. There are two case note entries referring to the amount of adults in and out of the birth mother's home and questioning whether there was drug activity but no follow-up. Two of the older children talked about their mother's alcohol problem and the mother stated she drank daily but there has not been a substance abuse evaluation. She submitted to drug testing but no alcohol screening and it is unclear if drinking affects her parenting capacities.

An additional matter is that the mother's attorney met with the mother only at the time of court hearings due to a concern regarding limited reimbursement to legal representatives by the court.

### **Six-Month Forecast/Stability of Findings**

Based on the current system performance it is projected that the case will remain status quo over the next six months. It appears that there is no urgency to involve the birth mother, as much as she is willing, in actively seeking appropriate housing and exploring the extent of her alleged alcohol problem. The birth mother appears to do just enough to get by but does not follow through on the final steps. The system needs to involve the birth mother more in her case planning and assist her in finding adequate housing.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Focus on actively engaging and gathering together all team members (including the birth mother and father) to formulate next steps, designate responsibilities, and identify timeframes.
- The birth mother needs to have a substance abuse evaluation, and treatment if necessary, so that issue does not hinder the reunification and family stabilization process.
- The social worker should consistently follow-up with team members to ensure that the flow of the case.

- Provide assistance to the birth family in obtaining adequate housing. In retrospect, it seems that tremendous energy and service provision might have been prevented if the birth mother and father received assistance in finding adequate housing and services had been provided to the family at the onset of the case.

**Note**

- The reviewers questioned whether and how the payment structure for attorneys has a negative impact on the parent's legal representation.



## **Written Case Review Summary**

Case 20

Review Date: October 3, 2005

Child's Placement: Foster Care

### **Persons Interviewed (10)**

Child, father, paternal grandmother, paternal aunt, day care provider, foster mother, private adoptions provider, social worker, supervisory social worker, Child Protective Services worker.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The focus child is a seven-month-old African American female, who was placed from the hospital at birth with a private adoption agency. Prior to leaving the hospital, the mother gave adoption officials the name and location of the alleged father. The adoption agency placed the child in one of their foster homes.

The family composition includes the biological father (age 44), biological mother (age 43), focus child, full sibling (age 18), and seven half-siblings ranging in age from 20 years to seven years. Extended family involved in the case includes the paternal grandmother and paternal aunt.

### **Child's Current Status**

The child has experienced three placements since birth. First, she was removed from the adoption agency's foster home and placed into shelter care in an infant care facility. The father was determined to have problems that prohibited him from being a placement resource, and an ICPC was needed for the child's paternal relatives in Maryland. Because of these factors, the child experienced a third placement into a private agency foster home, where she has been since that time. There is some likelihood that her home and daycare placements will change again, causing stability to be rated in the refinement zone.

The child is safe and flourishing in foster care and attends a day care center five days a week while the foster mother works. Home placement was rated in the maintenance zone. The child was observed at the day care center. She is developmentally on track, although on the slow side of normal; academic/learning status was also rated in the maintenance zone. She favors the left side of her body, according to the foster mother, who took her for an evaluation. The child is exercised several times a day, both at home and at daycare, to encourage use of both her left and right arms and legs. Because she is basically in excellent health and every need is anticipated and attended, health and physical well-being was rated in the maintenance zone.

The child visits with her father, grandmother, and aunt at least once weekly in the home of the aunt and grandmother, who share a home. The two women are in the process of being approved by ICPC as a placement resource for the child. The foster mother arranges the visits with the grandmother and aunt, who have a cordial relationship with the foster mother. In compliance with the court's order, visits with the father are supervised by the grandmother or the aunt. The child appears happy during and after the visits according to the foster mother, she is well-attached to the foster mother, and the day care describes the child as a happy, easy-going baby. Emotional well-being was rated in the maintenance zone.

### **Parent/Caregiver's Status**

The mother told CFSA the father, who wanted to care for the child, was mentally ill and abusive. He has a diagnosis of schizophrenia, paranoid type, and a problem with alcohol, made more dangerous by his behavior of combining alcohol and other drugs with several heavy doses of prescribed psychotropic medications, and the agency did not feel they could safely release the child to him. According to the community mental health agency working with the father, he has been hospitalized several times for psychosis and once for a suicide attempt by overdose.

The father has completed parenting classes, is medication compliant, and is making plans to bring his daughter home to live with him. The stated permanency plan is unification with the father, and there is a graduated visiting plan in progress. The court has ordered the agency to arrange in-home support for the father as the unification moves forward, but there are concerns that he will not be able to manage, even with supports. Therefore permanency prospects were rated in the refinement zone.

The mother, who recently reappeared and expressed an interest in having custody of the focus child, suffers from depression and mild mental retardation. She is prescribed Prozac, Thorazine, and Cogentin. She has nine children in addition to the focus child. One of these, now 18-years-old, is the full sibling of the focus child.

The status of the mother was not rated, as she reappeared only a week before the review; all parent status ratings apply to the biological father. All indicators were rated in the refinement zone. The father's parenting ability is marginal: he has very limited parenting experience and professionals who provide services to him question his ability to parent. The father's role in the case has been that of a loving visitor; he has not taken part in decision-making in assessing and planning for the child's needs. He was unaware of the developmental evaluation that had been conducted. The father's progress toward safe case closure is also marginal. He has complied with the requirement for parenting classes and has cooperated with visiting arrangements. On the other hand, while no timeline for unification has been stipulated, some obvious steps (finding a larger apartment, for example) have not been initiated. Reviewers found that most people interviewed believe safe case closure will not occur quickly if unification is carried out.

Caregiver status was rated in the maintenance zone. The foster mother is very involved in decision-making and planning for meeting the child's needs. She takes a leading role in medical care and developmental concerns. She provides loving, nurturing care for the child and is very well attached to her. The foster mother understands her role in helping the case come to safe closure, and she willingly takes responsibility for arranging family visits and getting the child to the grandmother's home for the visits. She cares deeply for the child and is grieving in anticipation of the child's leaving her home.

### **Factors Contributing to Favorable Status**

The child is placed in an excellent foster home and is receiving excellent physical and emotional care in the home. She is responding well to the care she receives and is attached to her foster mother. She is a favorite of her day care providers and receives loving care and developmental stimulation there. She is maintaining connections with her birth family, and there are a number of people who love her and want to take care of her. Her paternal aunt, particularly, is clearly attached to her and would very much like to be in a parent role with her. The father is a loving, willing parent, and although his ability to manage the job of parenting independently is in question, there is no doubt that he is committed to loving his daughter and being a significant part

of her life. The fact that family is standing ready to help him remain in a major role in the child's life is positive.

### **Factors Contributing to Unfavorable Status**

The primary factors contributing to unfavorable status relate to the father's complex and serious mental health issues. When asked about his alcohol use by the psychiatrist conducting his evaluation, the father replied that his counselor knew about it and would "take care of it." His limited understanding of the danger involved was consistent with his poor grasp of the magnitude of what is involved in full-time parenting. Adding to these concerns is his reluctance to involve his mother and sister in helping him to parent his daughter. He was very definite about not wanting them in this role, leaving those who are responsible for managing the case wondering how to support this father in reaching his desired goal of parenting his child.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The resources available to the child are definitely working. The foster home is providing the care and nurturing that the child needs. The medical care is ensuring that needed developmental evaluations are being conducted and remedial steps are taken to ensure the child achieves her developmental milestones. The day care center meets the child's daily care needs in a consistent, loving way. Steps have been taken to approve family members as potential caregivers for the child.

Two in-depth evaluations have been performed in an effort to determine whether or not the father is competent to parent his child.

Court interface is a positive factor in this case. The legal system has served this child and family well. The guardian *ad litem* has been very involved, and the court has kept the case focused on moving toward unification with increased visits and instructions to locate in-home resources to assist the father with parenting. Because steps prescribed by the court are implemented in a timely way, efforts toward the path to permanency was rated as fair.

### **What's Not Working Now and Why**

The case is not moving in a clear direction. While it seems to be moving toward the stated permanency goal, it is doing so without much consensus among case participants as to the appropriateness of the goal or confidence in the potential for a successful outcome. Every party interviewed agreed that while the father's interest is genuine and his intentions sincere, there are concerns about his ability to provide full-time care for his infant daughter. The grandmother and aunt fear that he might stop taking his medication and return to his angry, irrational behavior. The caseworker told reviewers that she would not feel comfortable closing the case with the child in the father's home. The supervisor acknowledged the alcohol issue and hoped/ believed that the father would stop drinking if asked to. Based on information in the psychiatric evaluation and a letter provided by the mental health provider, both have great concerns about the father's mental health and his ability to parent successfully in view of his problems. Even the father told reviewers that he would need a "nanny" to help him. While the court-ordered plan calls for five to ten hours a week of assistance, no one interviewed believes this would be sufficient to ensure the child's needs are being met. When asked on whom he would call for help with the baby's care, the father mentioned a female friend who lives nearby. The father admitted, however, that she "has problems of her own." When asked about his family members' support, he said he would not choose them to help him parent his child. He reluctantly stated that while his mother had parented

a number of children, she did not do a good job of it. There seems no clear path to permanency for the child

Engagement scored in the refinement zone for both effort and level. All three family members expressed frustration about how long it is taking to work things out. The grandmother and aunt expressed frustration about what they considered a lack of communication by the worker, and they raised doubt about the success of the expressed goal.

Resources being offered to the father are limited at this point to those for which Medicaid will pay. The judge is pressing the agency to get resources in place right away, and this will no doubt happen; the question is whether or not there are enough services possible to create a safe situation for the child in the father's home.

While individual case participants have each expressed similar concerns about the father's inability to parent, there has been no opportunity to discuss those concerns in a team setting. There are a number of valuable potential team members involved in the case, and there are excellent formal and informal assessments to inform a long-term view and case planning for this child and family. No team has actually been formed and no meetings have been held since the initial meeting held by the CPS worker. These two items scored in the improvement zone.

The primary force moving the case is the court, and while the judge was sent a copy of the psychiatric evaluation recommending alcohol treatment for the father prior to any unification, this issue has not been addressed. Those involved in the case are reactive to the court's orders, rather than proactively formulating recommendations to the court based on a shared understanding of the strengths and needs of the family and a clear view of the desired outcome. Based on the above information, assessment and understanding, case planning process, coordination and leadership, and understanding of the path to permanence were rated as poor.

#### **Six-Month Forecast/Stability of Findings**

The six-month prognosis for the case is that it will continue in its present status. This is likely because it will take time for the family team to form and to study the formal assessments that have been made, assess how the in-home support services are functioning, and assess and address the father's alcohol issues.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Create a family team, including family members and professionals who are familiar with the case. The team could review the case together, identify concerns that are keeping the case from moving toward the permanency goal more expeditiously, and, if necessary, reevaluate the permanency goal.
- Use the team to develop a workable long-term view and to formulate a case plan with the family, which could help the family openly discuss the child's needs and explore how best to meet them.
- Utilize a family team to bring a sharper focus to the path the case is taking and create consensus about desired outcomes.

## **Written Case Review Summary**

Case 21

Date of Review: October 3, 2005

Child's Placement: Foster Care

### **Persons interviewed (11)**

Private agency director, director of services, family case worker, child's case worker, educational advocate, mentor, youth, foster parent, special education coordinator, therapist, and assistant attorney general.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

Though the family case has been open with CFSA in the past, the most recent involvement began in March 2003. The youth has a history of physical abuse by his mother's boyfriend. At the time the case was referred to the agency, the school was concerned about the youth because he came to school disheveled and was described as having a "homeless posture." His mother had kicked him out of the house and would not allow him to return. The youth's mother and two sisters, age 11 and 13, live in a very dangerous neighborhood. The youth has biweekly visitation with his family. The father lives in another section of the city with his grandfather; the youth talks with both by phone. It is believed the father is in the hospital right now but the reason is unknown; the file reports indicate that the father has schizophrenia.

The youth has a history of mental illness; his diagnosis as of July 2005, is anxiety disorder NOS, rule out mood disorder and post-traumatic stress; he is not taking any medication. Although his mental health treatment history is not well-documented, he was first hospitalized in a psychiatric institution when he was 11 years of age. Past diagnoses have varied. In July 2003, his diagnosis was adjustment disorder with depressed mood. In March 2004, his diagnoses were depressive disorder; disruptive behavior disorder, and rule out narcissistic personality disorder.

The youth's permanency goal is alternate planned permanent living arrangement/independent living. He is currently receiving case management services, therapeutic foster care services, educational advocacy, mentoring, tutoring, medical care, psychiatric services, independent living preparation services, job seeking and retention skills, and educational services (guidance counseling, weekly therapy, school case management).

The family has been offered substance abuse services, parenting training and support, as well as emergency food vouchers.

### **Child's Current Status**

The review youth is a 17-year-old African-American male who resides in therapeutic foster care. The foster parents have adult biological children and there is one other foster child living in the home who is currently at a psychiatric treatment facility.

This youth is a bright, charming, and articulate child but is very guarded. He values his relationship with his family, is particularly protective of his mother, and is paternalistic to his sisters.

The youth is currently in 12th grade at a local high school with full inclusion and special education services. He receives weekly counseling and guidance counseling through his

school program, and attends classes that assist him in developing job seeking and maintenance skills. The youth is focused on his future and has an unwavering desire to attend college when he graduates in June. At the same time, he quoted pessimistic statistics regarding the outcomes of his generation, citing 30% death rate prior to age 25.

#### **Parent/Caregiver's Status**

The foster parents work very hard at building a trust-based relationship with the youth, are supportive, and provide ongoing advice to prepare him for adulthood. They are competent, consistent and caring parents who are able to meet the youth's basic and developmental needs reliably on a daily basis. The foster parents are substantial and contributing partners with the agency in meeting the needs of the youth and planning and implementing services. The agency provides the foster parents with the supports and respite to meet their needs.

#### **Factors Contributing to Favorable Status**

This youth is healthy and functioning well given his past trauma and current diagnosis. The youth is safe in his foster home and school. He is in a good school program that meets his needs and has available support services. He resides in an excellent foster home with nurturing, supportive foster parents. He is provided with a good model of a stable marriage with healthy family relationships. The youth's stability in school, permanency prospects and emotional well-being in the foster home are acceptable.

Until three weeks ago the youth worked at Burger King where he had been employed since July. He is in training for an "intern job" from the school but says the job has not started or been assigned yet.

The foster parents at this point are committed to this youth and are willing to provide him with a home until he graduates or reaches the age of majority. They are willing to provide him ongoing support if he moves to independent living.

#### **Factors Contributing to Unfavorable Status**

The youth's mother is reportedly diagnosed with bipolar disorder and self-reports daily use of marijuana and alcohol. Although the youth has developed some skills to prevent the mother's emotional instability from affecting him, his capabilities in this regard are unknown. The youth has visits with the mother every other weekend from Friday night to Sunday afternoon. There are daytime shootings in the mother's neighborhood, though the shooting usually occurs at night and several neighbors have been killed. The file indicated the mother's concerns about safety in her last apartment because bullets would come through windows.

The youth does not spend much time in his mother's neighborhood in order to stay out of trouble. He has friends in his father's neighborhood or spends time with his girlfriend.

The mother's home and location have not been evaluated since her move to a new neighborhood and safety for the youth is unknown. Since the youth does not always stay at his mother's during visits, his whereabouts and safety have not been evaluated or assured.

There is some question as to whether the foster parent was aware that the youth had been unemployed for the last three weeks as he reported working in describing his daily schedule. Reviewers were unable to verify if the youth had night classes as reported. If the youth is being untruthful with the foster parents, confrontation might threaten the stability of the placement. The youth has a pattern of disruption from past placements.

The youth is considering transferring to the school in his foster home neighborhood, which would cause an unplanned school disruption.

The youth's placement stability has been a significant concern. He has had seven placements in the last 24 months and five placements since March 2005. The predecessor behaviors, predictors, and patterns of the youth's disruptions have not been adequately evaluated. Future disruptions have not been predicted and a plan to prevent further disruption has not been developed. If the youth cannot resolve crisis and remain in the current foster home until the planned move to independent living or adulthood, he is likely to be unsuccessful in future life stability. This youth's social supports have not been evaluated. No caring adult knows his friends or can define his relationships with them.

The youth's life skills are not fully structured and there is no sense of urgency for skill acquisition. Given the youth's history of disruption, this could result in unwanted outcomes. In the future, if the youth is placed in an independent living program and disrupts, he may become adrift in an adult world he is ill equipped to manage. What he needs to know, be able to do, and have as support to be successful are not known and are not being used for planning.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The rating of this case was based on the good work of the previous worker who left the agency days prior to the review. The private agency has made efforts to transition between workers by placing the youth with a worker familiar to the youth. Family connections have been a real strength in this case. The youth has been allowed to maintain connections with his mother and sisters.

There has been good engagement with the youth, good support of the caregivers, and consistent leadership provided that has resulted in consistency of case direction. Other professionals involved with the youth report good communication. Planned services have been implemented with good results. Resources, based on understanding of the youth's circumstances have been available to the youth. Regular review and tracking of progress has been maintained for the caregiver and youth. Cultural accommodations have been addressed.

The agency/court interface has been good, as a result of good planning, implementation, and communication of the professionals working with the youth. There has generally been a good team formation and functioning, although there are some disparate plans for the youth; e.g. the foster parent is promoting the youth's induction into the Navy but the youth and other professionals are not considering this or know whether it is realistic given the youth's diagnosis.

There is generally good understanding of the youth and the youth's functioning, although the gaps in information are significant to the life stage of the youth. His social supports need further clarification, and if found lacking will need development.

### **What's Not Working Now and Why**

Case planning has been generally good for this youth but has focused on immediate needs, not the long term need of the youth for permanency. Some key team members are not involved in planning for the youth's future.

There is a concern for stability of engagement with the youth in the future to help him manage significant transitions to adulthood. This youth has a history of taking time to engage, but both

his long term therapist and long term case manager have left their position recently and given the youth's developmental stage, there is little time to delay the development of a relationship with him that will survive the future transitions.

The youth's relationship with his family of origin has been a constant in this youth's life but little is known about his capability to manage the instability and crisis presented by his family. The youth's mother has never engaged with the system of care and the caregivers of her youth. She has actively avoided involvement or controlled her relationship with the agency and CFSA. Without engaging the mother, the likelihood of helping this youth is less likely.

#### **Six-Month Forecast/Stability of Findings**

Based on the current service system performance found for this youth, the youth's overall status is like to stay about the same. The efforts of the private foster care agency are well-intentioned, and to overcome the history and patterns of behavior in this case is a substantial task. There are some significant transition challenges for this youth. If the agency is able to successfully manage the relationship issues and urgency in developing the life skills of this youth, in this case, there is the potential for the status to improve.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- After careful analysis of patterns of behavior, have the caring adults for this youth predict the inevitable conflict that will threaten stability of the current placement. Make clear or overt the threat of disruption and the inevitable outcomes if that occurs. State clearly that everyone involved wants this placement to succeed where others have failed for the benefit of the youth. Plan to resolve the conflict.
- Set up this youth to maintain long-term connections with his current foster family or another stable family that will persevere into the youth's young adulthood. If this is not possible, find other positive supports for this youth that will endure the transition to adulthood.
- Have the new therapist and case manager engage the youth as soon as possible so that an ongoing relationship with helping professionals will assist this youth in transitioning to adulthood.
- Define case goals in the youth's own hopes and lofty desires for his future. Provide consistent structure and urgency of purpose in the success of this youth. Provide support necessary for completing college applications.



## **Written Case Review Summary**

Case 22

Review Dates: October 3, 2005

Child's Placement: Foster Care

### **Persons Interviewed (7)**

CFSA social worker, foster mother, child (observed two-year-old), father, guardian *ad litem* (GAL), mother's attorney, and assistant attorney general (AAG)

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child first became known to the agency in June 2003, when the child tested positive for cocaine at birth and the mother failed to return to the hospital on the date of the child's scheduled discharge. It was later learned that the mother had again been arrested for either solicitation or prostitution. The child was placed in a foster home for approximately three months until placed with her mother in an in-patient substance abuse treatment program in September 2003. They remained in the facility until March 2004, followed by another six months of outpatient substance abuse services for the mother. CFSA closed the case in December 2004, as the mother's successes were remarkable and solid, and all concerns for safety of the child had been addressed and resolved.

In early May 2005, the agency received a new referral, which alleged her mother was again using cocaine while now pregnant with a second child. Allegedly, the mother was either leaving the review child home alone for hours or taking the child with her to "crack houses" when she went there to secure her drugs. The agency was unable to locate the mother until she gave birth to her son at a local hospital in early June 2005. It was at that time the agency discovered that the mother had earlier placed the review child with her half-brother's paternal grandmother in Maryland. In mid-June 2005, the grandmother contacted CFSA and requested foster care placement of the child as she believed the parents would take the child and that her safety would be at risk.

The child was initially placed in the same foster home as her newborn brother, but within three days the foster parent requested her removal, indicating she had only agreed to care for the child for a limited number of days. The child was moved into a second foster home where she remained for about five weeks before the foster mother requested her removal. That foster mother reported that the child's lack of verbal communication and her habit of staring intensely at a person were disconcerting to her and she no longer felt able to care for the child. In July 2005, the child was moved to her present foster family home where she has successfully integrated within the family unit. The foster family is composed of the foster mother, the foster mother's seventeen-year-old daughter and two other foster children who are ages two years and six months.

### **Child's Current Status**

The child appears safe, well cared for and thriving in her present foster home. The foster mother is committed both to the child and to ensuring that she receives the services needed. No obvious fears have been observed during the two months the child has been in her foster home, though her lack of bonding and attachment is notable. Although the child will allow one to hug her, she keeps her arms hanging down and makes no attempt to hug back. Emotionally, the child appears to be happy and interacts well with her foster brother and some adults in her life.

Approximately one month ago, the child began attending day care. She had a developmental assessment a couple of weeks prior to this review although results had not been reported to the agency or the foster mother at the time of the review. A speech and hearing evaluation was attempted on the date these reviewers saw this child and spoke with her foster mother; although the child was unresponsive to the evaluator, her test results were sufficient to support her receipt of early intervention services.

The community collaborative conducts weekly visits between the child and her father, and offers such visits to her mother when the mother avails herself of such.

In most areas of her life, the child is doing well at present – safety, stability, emotional and physical well being, etc.

### **Parent/Caregiver's Status**

The mother was recently released from jail but with no current home, her circumstances are presently unknown to the agency. The father resides at a local boarding house; the mother was with the father at the boarding house at the time of the review.

The mother has avoided involvement in any substance abuse treatment effort since her children's placement into foster care. She has been arrested two more times for solicitation/prostitution since her son's removal in early June. She has indicated some preference that the review child be placed with her younger brother in his paternal grandmother's home in Maryland, though the review child's father opposes this due to conflict with the sibling's father.

The father has stepped forward as a potential caregiver for the review child. Although he presently lives in a boarding house, he has expressed a willingness to move to more appropriate housing if his daughter is placed with him. He is participating in parenting classes as required by the court and regularly attends his weekly visitation with his daughter. It is believed that he has another child in the Baltimore area with which he has never been involved in parenting. Additionally, one other team member recounted her understanding that the father awaits the birth of a third child by a yet different woman than the mothers of his first two children. Of concern to most adults involved in this child's case is whether her placement with her fifty-three-year-old father is a realistic plan given his limited parenting experiences and the challenges he will face being a single parent to a two-year-old with exceptional needs. He has maintained stable employment for the past eighteen months and self reports that he has not actively used drugs for over fifteen years. One team member reported he has a lengthy criminal history but all of those charges and convictions are several years in the past.

Of concern to all is the nature of the present and future relationship between the parents. The father of the review child's brother is incarcerated and is expected to be in prison for several years. Since her release from jail last week the mother has seemingly returned to the father's life as she has no other alternatives for a place to live. The mother has reported to some people that the review child's father provides her with cocaine in an attempt to lure her into remaining with him.

With no progress toward permanency in the goal of reunification with the mother, the father's desire to provide a home to his daughter - supported by visitation and parenting classes – might indeed be the most feasible permanent relative placement for this child.

**Factors Contributing to Favorable Status**

Although the child still displays only limited verbal communication and continues to stare at length, such behaviors are not beyond the tolerance of her present caretaker. She has a very small vocabulary, typically limited to expressions taught her by her foster mother and those used to claim ownership of her toys when playing with her two-year-old foster brother. She asserts herself appropriately when her foster brother attempts to take away her toys even though she is much smaller than he is. The foster mother identified fine motor skill delays and pursued a developmental assessment and early intervention services for the child to address her delays. The foster mother is aware of the bonding issues of this child and provides her with acceptance and nurturance.

The child was identified in her initial medical screening as significantly underweight and below average height; she is now eating well and has gained weight since placement in her current foster home. Both of her parents are very small people so her slight stature might just be the results of genetics.

**Factors Contributing to Unfavorable Status**

Three foster home placements in a period of six weeks during the course of her second entry into foster care create unacceptable stability for this two-year-old child. These moves between foster homes have also resulted in the child attending two different day care programs. The child's difficulties with bonding to caretakers, which has been noted by her foster mother and other team members, are worsened by these moves amongst multiple caretakers. The child needs accelerated permanency in light of the negative impact on her of these many changes she has experienced in a very short lifetime. The mother's substance abuse issues, which led to the child's placement in foster care, remain unaddressed, a circumstance which necessitates the child's ongoing placement in care.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

Although acceptance in the early intervention program is dependent upon other assessments which document needs for such services, the foster mother and worker have made and kept those appointments for the assessments which will culminate in the needed services. Some delays have occurred - placement in mid June and developmental assessment not completed until early September - however, referrals were made in a timely manner so the delays appear to be program related.

All professionals, including the foster mother, recognize the child's need for permanency and stability, yet most hold reservations about the likelihood of such achievement by placement with her father.

**What's Not Working Now and Why**

With no assessment information acquired as of yet for this father, the agency has developed no clear understanding of the child's father – his strengths, capabilities and likelihood of success with the plan for him to assume care of his daughter.

Case planning for both parents and this child appears to be based on limited assessment of strengths/needs for all parties. The mother would benefit from additional substance abuse treatment, but with no clear understanding of what stands in the way of her securing such treatment, the services addressed for her in the service plan are unlikely to resolve the issues she faces. The case plan identifies that the father is expected/requested to secure appropriate housing

and to attend parenting classes, yet none of the team members interviewed were of the opinion that accomplishment of these two things would suffice to address their doubts as to his suitability for placement of his daughter. The plan for the child identifies and speaks only to meeting scheduled medical appointments. Certainly, other issues exist for the child that could/should be addressed in her plan.

Although there are multiple players involved with this child and her brother, no team has actually been created to benefit these children. Much information/opinion exists about the best plan option for this child, but this is not clearly out on the table and being dealt with. Most of the interviewed participants in the case felt that placement with the brother's grandmother would be the best option for this child, but this is not identified as an alternative. The grandmother is pursuing licensure of her home; however, where she is in that process is unknown. Even after licensure, ICPC would have to approve placement of one or both children in her home, so additional time would be required to achieve that permanency plan.

### **Six-Month Forecast/Stability of Findings**

It appears doubtful that the mother will make the decision to forego substances in exchange for being allowed to care for her two children, so reunification doesn't appear to be a feasible permanent plan at this time. Although the father cooperates with requests of the agency and the court, few team members are invested in and support the alternative goal of the child's placement in his care. Unless a strategy is developed to address placement of the child in her father's care, permanency for this child will languish, while she desperately needs to be in a home where she is expected to reside until adulthood.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Consider developing a plan to create a more honest and realistic opportunity for this father to be involved in the daily care requirements of a two-year-old child. Weekly hour-long visits at or near the collaborative don't come close to presenting to this father the reality of caring for a small child such as his daughter.
- Consider requesting the father's participation in medical and other appointments scheduled as a result of the child's early intervention program – possibly another way to clearly measure his capacity and commitment to rearing his daughter.
- Create a team of all participants involved in the child's life to ensure seamless planning and delivery of services to address her developmental delays and the urgency of her need for permanency.
- Explore the nature of the parents' relationship – both now and plans for the future. Determine whether or not the court and/or the agency would consider placement of the child with her father if his relationship with her mother is renewed while her substance abuse issues remain unresolved.
- More comprehensive assessment of this father would possibly contribute to a more holistic and meaningful plan for possible placement of the child in his care.

### **CPS Investigation**

Initial efforts by the assigned CPS assessment worker to locate the mother and this review child were unsuccessful even though the worker made several unannounced visits to the family home in the month between receipt of the CPS referral in early May 2005 and the second baby's birth in early June 2005. The primary focus of the CPS assessment was the newborn child and his exposure to illegal substances as the review child was not in her mother's care at the time the mother was finally located. Interviews during the CPS assessment were primarily with medical personnel and relatives of the newborn. Contacts were made with the newborn's relatives in a

neighboring state regarding their willingness and ability to provide care to the two children and their commitment to continuing to care for the review child. Disposition was obviously substantiated for both children, given the newborn's status of drug exposed at birth. Both children were placed in foster care as the results of the agency's intervention with this family.

## **Written Case Review Summary**

Case 23

Review Dates: October 5, 2005

Child's Placement: Foster Care

### **Persons Interviewed (8)**

CFSA social worker and supervisor, foster mother, child, elementary school teacher, guardian *ad litem* (GAL), father's attorney and assistant attorney general (AAG).

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The review child has spent most of her life in North Carolina, either in the care of her mother or her now twenty-one-year-old sister. The mother reportedly has an extensive substance abuse history, which has impaired her ability to care for her daughter in the past. In January 2005, the review child and her mother relocated to Washington, D.C. in order for the mother to have a fresh start in life. The child and her mother lived with the older sister's birth father and his girlfriend until a conflict arose between the two women. The mother and child were asked to leave the apartment in early June, at which time the mother asked a person to care for the child for a couple of days until she could locate other housing. After seven days without contact from the mother, the unwilling caregiver contacted CFSA. The agency was unable to locate the mother or any relatives in the DC area, so the child was placed in a foster home. Three days later the mother contacted CFSA to inquire about the situation of her child. She reported that she was living in a homeless shelter that would not accept children, but did not state why she had not contacted the person who had been caring for her daughter.

The child has completed an intake assessment counseling services, which recommended therapy to address anger management. The mother was referred to Addiction, Prevention and Recovery Administration (APRA) for substance abuse treatment; however, she has not yet acknowledged a need for this service, so no progress has been made. ICPC services were completed with the state of North Carolina in September; the adult sister's home was not approved for placement of the review child.

### **Child's Current Status**

The review child is an 11-year-old female who currently lives in a single parent foster home in nearby Maryland. The foster mother has two birth children and two other foster children; the review child shares a bedroom with the thirteen-year-old foster sister.

The review child has done well in this home by everyone's accounts. She is a child who has beautiful manners, is polite and respectful of others and their property, is appreciative of attention and efforts made on her behalf and applies herself to assignments both at home and at school. She had the opportunity this past summer to attend both cheerleading and overnight camps as well as "having fun" activities. The review child recently began taking dance lessons – three hours of ballet, tap and jazz.

The child is a solid B student in a regular 6<sup>th</sup> grade classroom. Her teacher does not give A grades this early in the school year, so under other circumstances her grades might well be considered as straight A's. In particular, she has strong math skills and reads at the top level of her class. She has had no problems with attendance, other than missing the first three days of school because she was enrolled late. Although her schoolwork is very good and her teacher reports that she has received a quality education prior to this school year, she won't be eligible for consideration for

the Gifted/Talented program until she reaches the seventh grade. The teacher provided information about the extended school day opportunities, which are available twice a week for children who are excelling in their schoolwork. Her participation was recommended for this program as she seems to need additional assistance with writing assignments; she submitted a very poor book report that was out of character with the other work she has performed this school year. She has friends in school and is described by her teacher as being a “very mature 6<sup>th</sup> grader who feels comfortable with herself.” She has been selected to be a Student Council Representative, so she is experiencing additional success in her school environment.

The child’s asthma is addressed and managed by her use of medication and an inhaler. She has only had one significant asthma attack, which occurred within the first couple of days of placement and necessitated a trip to the hospital. She is also wetting the bed almost every night. An appointment is scheduled with the child’s primary care physician later this month; it is hoped that this will result in a referral to a specialist to address this condition. The child reports that she has experienced this problem “since the beginning of time” although the reasons for the problem are not yet known.

Although most people who know the child describe her as a “perfect child,” she obviously carries a great deal of pain and loss associated with her separation from her family. Although she talks to her mother on the phone almost every day, her visits are pretty much dependent upon her mother making herself available. The foster mother estimated that the child hasn’t had a face-to-face visit with her mother in over three weeks. Attempts to contact the mother to arrange weekly-supervised visits have not been successful. There is an apparent role reversal between this mother and child – the child worries about her mother’s circumstances and uses their time together at visits to attempt to resolve her mother’s problems.

#### **Parent/Caregiver’s Status**

Although the mother presents as a very intelligent woman with an employment history in bookkeeping and accounting, her situation since her daughter’s removal has been very unstable. With no home of her own, she “stays” with various people for short periods of time, moving frequently around the metropolitan area. When she fails to make contact with her daughter, the child calls her older sister in North Carolina to locate a phone number where she can contact their mother. Although the older daughter reports the mother has a ten to fifteen year history of cocaine and marijuana abuse, the mother continues to deny any problems with substance abuse. The court has ordered that she provide random urinalysis testing and complete a substance abuse assessment; no progress has been made to meet those expectations. The court also ordered that the mother secure employment and housing before consideration will be given to the return of her daughter.

Although the child has a legal father somewhere in the state of Alabama, there is no specific information available about him or his whereabouts. CFSA’s diligent search unit continues to make efforts to locate the father. The court-appointed attorney will probably be dismissed as counsel for the father at the next review hearing unless he is located and brought forward to participate in this child’s life.

#### **Factors Contributing to Favorable Status**

The child’s placement with her current foster family has provided her with safety and stability since her removal from her mother’s care. Although permanency is not clear due to the lack of success in working with the mother toward reunification, both the foster mother and teacher indicate willingness to adopt the child if family placement doesn’t work out. The child’s enuresis might be the clearest indicator of the emotional turmoil this “perfect child” is experiencing. She

is an emotionally needy child and has a pronounced need for attention and affection, as well as approval and acceptance, from adults and in school. The relationship between the child and her mother is described as being more like friends than mother and daughter. The child takes presents to her mother on visits rather than the parent bringing presents to the child, as is the normal course of events. The awareness of the foster mother, caseworker and teacher of this child's exceptional needs has lead them to address such through individualized attention, scheduled therapy and increased efforts by the foster mother to support and accept the child's birth mother as an important part of the child's life. Medical appointments have been scheduled by the foster mother to attend to the enuresis problem for this child, if there is a medical reason for the problem.

### **Factors Contributing to Unfavorable Status**

The mother's lack of commitment and/or effort toward making changes that would enable the child to return to live with her is a major barrier in this case. Additionally, the fact that older sister's fiancé has an extensive marijuana possession criminal history in North Carolina eliminates the sister's home as a potential placement for the child.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Engagement of the foster family and providers appears to be adequate. Although formal team meetings haven't occurred since the initial Family Team Meeting held at the time of the child's entry into care, the team is so small – worker, GAL, child and foster mother – that the efforts of the worker to keep all updated of progress and circumstances has been sufficient, to date. Although the birth mother participated in the first FTM, her frequent moves have made it difficult, if not impossible for the caseworker to maintain reliable contact for planning purposes. Other than the mother's understanding of what planning will occur next for her daughter, all are in agreement that consideration of other relative placements is the next step in achieving permanency for the child. There is a plan to initiate ICPC requests for another relative in North Carolina if that aunt is willing to offer her home to the child. The GAL also indicated that she intends to search out other relatives for the child by actually traveling to North Carolina next month. The focus on long term planning for this child occupies a place of importance for the agency, child and GAL.

The child is able to maintain at least telephone contact with both her mother and sister through use of the foster mother's cell phone for long distance calls. She talks to her mother almost daily and to her sister at least once a week. The child would like a face-to-face visit with her sister and nieces.

Although this judge has been very specific in expectations of the agency – such as ordering immediate ICPC exploration of relative placements – such expectations haven't been unreasonable or inappropriate.

### **What's Not Working Now and Why**

Given the limited availability of this mother, relatively little is known about her substance abuse problems – history, length of use, severity, etc. The worker has initiated efforts to address this gap in assessment information but the mother has not yet followed through with the referral for this evaluation. The agency is at the beginning stages of developing a better understanding of the child – her strengths and needs – and thus a plan for assuring these needs are met through services. The child's enuresis must be addressed – first by medical exam and perhaps later by



psychological counseling. With North Carolina's denial of placement for the child with her sister in that state, efforts to reunite this child with her family have stalled.

#### **Six-Month Forecast/Stability of Findings**

With limited to no efforts being made on the part of her mother, it seems likely that the child will remain in foster care for the next several months. This child's continued success will be highly dependent on addressing her grief/loss. At present, it appears likely that for the next six months, her case will remain unchanged – Maintain status quo.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Explore the opportunity to enroll the child in extended day classes at the school if the child is interested in such.
- Pursue other relative resources for the child in North Carolina – either her sister or her maternal aunt might have additional information about possible placements within the family for her.
- Consider how/if a visit to her sister's home could be arranged for the child over either the Thanksgiving or Christmas holidays – or perhaps with another relative in the community who would allow and support opportunities for the child to spend time with her sister and her young nieces.
- The child might benefit from individualized attention from an adult or older youth mentor as she has been described as “hungry for attention and love.” The demands of caring for five children while employed full-time does indeed limit the individualized attention she can receive from the foster mother. Perhaps others within the foster mother's family might be able to fulfill this need the child.

#### **CPS Investigation**

At the time the agency first learned of this child and her temporary caretaker's inability to continuing to care for her, no information was available as to the mother's whereabouts. A disposition of Substantiated was obvious as the child had no reliable caretaker available to her at the time of the agency's initial intervention. The CPS Assessment worker did follow up with telephone contacts with identified relatives in North Carolina as well as made attempts to locate the child's mother through her former boyfriend in the DC area. Within three days of the review child's placement into foster care, the mother learned of her daughter's situation and did contact the agency. The CPS assessment worker completed ICPC request within the first week of the child's entry into foster care as well as arranged for and attended a Family Team Meeting for this child and her mother. Good information was secured from all available sources during the course of the investigation which enabled the CPS assessment worker to initiated relative placement planning for the child in a timely manner.

## **Written Case Review Summary**

Case 24

Review Date: October 5, 2005

Child's Placement: Foster Care

### **Persons Interviewed (8)**

The reviewers had face-to-face interviews with the child, her ongoing social worker, the ongoing social worker's supervisor, the guardian *ad litem*, the intake social worker, the foster mother, and the assistant attorney general. A telephone interview was conducted with the child's birth father.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

This case became known to the Child and Family Services Agency in May, 2005 when a caller reported to the hotline that the birth mother was using drugs, and the children in the home, ages 17, 12, and 11 months, were without proper food and supervision. The birth mother had a history of mental illness and was not currently taking her medication. In addition, the birth mother has a criminal history involving the use of drugs and prostitution. When interviewed by the intake social worker, the twelve-year old focus child disclosed that she had been inappropriately touched by the birth mother's paramour, who is the 11-month-old's father and reportedly the birth mother's pimp. It was not determined if the paramour lived in the child's home at the time of the investigation; the child indicated she told her mother of the abuse approximately two years earlier.

The father of the target child lives in the area and has always maintained contact with the child. The child lived with him for two to three years under an informal arrangement with the birth mother.

### **Child's Current Status**

The target child, now thirteen, would like to live with her father, and that is the permanency goal. The child has adjusted to her foster home, and she does well there. Also residing in the foster home is the foster mother's 15-year-old granddaughter, and the two children get along well. The child visits her younger sister weekly, and sometimes her mother participates as well. The child appears to understand that her mother is not able to care for her. The child's contact with her older sister is less frequent, and now that her sister is away at college no face-to-face contacts are scheduled.

The child is maintaining in foster care even though she wants to live with her father or with her friend and her friend's mother. She does not understand the legal delays that are keeping her in foster care.

The issue delaying the child living with her father is whether or not the man she has known all thirteen years of her life is indeed her father. Another man has presented himself to the social worker and the court as a possible father of this child. As a result, the court ordered paternity testing on both men, the child, and her older sister. While the child and her father have been tested, the lab will not release any results until the child's sister and the other possible father have also been tested as all four individuals are on the DNA voucher form.

At the time of removal, the child alleged sexual abuse by her mother's paramour. Consequently, a forensic interview was conducted and criminal proceedings are being investigated.

The child was also referred for therapy and has had her intake appointment. She is on target developmentally and academically. During the course of this review, the first progress report from her new school had been received. The progress report showed areas of concern as throughout the report it mentioned that she was not turning in and/or not completing her homework assignments.

The child is articulate and well-mannered. It is evident in her behavior that she has had effective parenting. In the overall child status pattern she was rated acceptable in the maintenance zone.

#### **Parent/Caregiver's Status**

The child was removed from the home of the birth mother. The social worker attempts to see the child's mother during the mother's visits with the children. The mother is thought to be homeless. Attempts have been made to reconnect her to her mental health provider and to offer services. At the time of the review, efforts to engage the mother with services to stabilize her functioning have not been successful. The maternal grandmother is part of the birth mother's support system; however, it is reported that the grandmother displays mental health issues similar to the birth mother. Due to the birth mother's current inability to care for herself and the fact that she has not addressed the issue of her inaction when the child disclosed sexual abuse, she is not a placement option for the child.

The birth father is gainfully employed, has stable housing, and has community supports. When the father became aware of the child's placement in care, he requested custody. Since the child was already in foster care, there were several items that he needed to complete before the child could live with him. Between the additional requirements made by the system and some procrastination on the father's part, the child remains in foster care.

#### **Factors Contributing to Favorable Status**

The child is articulate and developmentally on target. She is aware of her birth mother's limitations and desires to be placed with her birth father. She is healthy. All her medical evaluations were complete and documented. She was referred for therapy and is open to receiving this service. She has a clear understanding of boundaries and appears to respect authority. Her current home environment is safe and she functions in it well. There are other children in the foster home and the child has formed a positive friendship with the foster mother's 15-year-old granddaughter.

The child has maintained contact with significant individuals - birth father, siblings and her best friend prior to her removal. Her best friend's mother has also been an active supporter and has offered to be a placement resource for her in the event she is unable to return to her birth father. The friend's mother has also offered to provide ongoing respite services while the child is in foster care.

#### **Factors Contributing to Unfavorable Status**

The child has been in foster care since May of 2005. This is not the desired and most optimal placement for her. She has family and community supports. The longer this child remains in foster care and permanence is not achieved, the more detrimental it will be for her. The child's school progress report indicated she is not completing her homework and getting all assignments done. Information in the child's file indicates she is a good student and on target academically. The foster mother had received the progress report but had not yet reviewed it.

While the child has completed a counseling intake, she has not yet received help for the trauma she experienced.

The child is doing remarkably well in the child status, despite her frustration with remaining in foster care and the lack of counseling. While her poor school performance this year could have several causes, it could well indicate worsening stability and depression. As a result, stability at school and emotional well-being were rated in the refinement zone.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Attention to cultural accommodations has been shown with the child's case. The child was placed in an African-American foster home, and she has an African-American social worker. The system has also taken care to preserve the child's bond with her younger sister and left the door open for her birth mother to see her at those visits. The child is permitted unsupervised visits and telephone contact with her father, and she has telephone contact with her best friend; therefore family connections were rated in the maintenance zone.

There is a team of individuals with the necessary skills to ensure good outcomes for the child and all team members know the basics of the case. For instance, the team all agree that the child's father is the best option for placement of the child and that she needs to exit foster care very soon. Team formation and path to permanency understanding were rated in the maintenance zone.

The initial assessment in this case was strong. Ongoing work reflects that the conclusions reached at intake are accurate concerning the child and her mother.

### **What's Not Working Now and Why**

The major reason this child remains in foster care is that there are unresolved issues surrounding the identity of her birth father. The man that she has known for all of her thirteen years is the perceived birth father. At the onset of this case, there was a question about paternity, but this information was not shared with parties, and this caused a delay in addressing the paternity issue that had not been resolved by the date of the review.

While the team that surrounds this child is competent and includes the right people, they do not function as a team. Information that is learned by one member is not necessarily shared with others, and the team has no agreements about which member is responsible for which tasks. As a result, team members are not positively proactive. An example would be the problem with the DNA voucher. One team member thought she knew how to get the voucher changed, but she did not share that information with team members she thought could take care of the problem. A concurrent plan could have been determined at the onset of this case. The child's best friend's mother offered herself a possible resource for the child. However, this option was not considered or pursued until a week before the most recent court hearing.

Engagement of the child and family was rated in the refinement zone. While the social worker meets regularly with the child, the child does not see where the social worker is trying to move her to her father's house. Similarly, while the father minimizes his slow follow through and feels the agency will never give him his daughter, no one is reaching out to keep him involved with planning and visiting the child. Guidelines for timely visits and accurate case recording are being met, however, without the social worker having a meaningful relationship with family members

(child, mother, father). Progress toward permanency is delayed, and fewer positive outcomes are likely to be achieved.

#### **Six-Month Forecast/Stability of Findings**

In this case, the child will most likely leave foster care within the next six months, and this is a perceived improvement in her overall status. If the paternity test determines that the putative father is indeed the birth father, the team is in agreement that the child should be placed with him. If not, the team's plan is to finish checking out the child's friend's mother, anticipating from current information that she would be an appropriate placement.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Since the child has completed intake for counseling and in-home therapy services have been selected, moving quickly to get the child engaged in services could keep her stabilized and begin to alleviate any trauma from being abused and neglected. Additionally, the criminal case for the birth mother's paramour should continue to be pursued.
- All parties in this case should come together as a team and collectively discuss strategies for achieving the goal for this child as quickly as possible.
- If not already solved, the next step should be to resolve the paternity issue.
- Follow-up is needed on the child's poor start in school this year before she falls behind her classmates.

#### **CPS Investigation**

Acceptance of the investigatory concerns was an appropriate system response. From the record and interviewing the assigned CPS worker, it appears initiation of the investigation was timely, and several unscheduled attempts were made to view the family home. The CPS worker was persistent in assessing risk, and she responded promptly when the target child disclosed allegations of sexual abuse that were not part of the intake allegations. The Family Team Meeting (FTM) was held within 24 hours of removal when up to 72 hours is allowed. The CPS worker generally values FTM's, although in this particular instance she felt the FTM should have been held closer to the 72-hour timeframe, since the mother had not been found by the time of the meeting and her input was not available. The risk assessment is rated in the maintenance zone.

## **Written Case Review Summary**

Case 25

Review Date: October 3, 2005

Child's Placement: Foster Care

### **Persons interviewed (9)**

CFSA social worker, social work supervisor, assistant attorney general involved with the case earlier (not current), the child, the mother, the foster parent, the guardian *ad litem*, the tutor, and the paternal grandmother of the child's sibling.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The focus child is a 5-year-old African-American female who currently resides in a foster home with her older sister. The child and three of her siblings were residing with their mother when a report was made in February 2005, to the agency regarding physical abuse of the child's older brother. This child came into care because of the physical and sexual abuse allegations that were founded regarding her siblings. There were no founded allegations of direct physical or sexual abuse of this child; however it is widely believed that she had exposure to a highly sexualized environment.

The child's father is not the father of her siblings. He is currently incarcerated for crimes against the older sister of this child. He reportedly assaulted the sister, and this reportedly causes some tension between the child and her sister.

The biological mother has a history of involvement with the child welfare agency. Two older siblings of this child had been removed from their mother's custody over a decade ago and were never reunified. The mother has a chronic medical condition that is not fatal but may impact her mobility at times.

The case goal is reunification; however two potential alternatives have been identified, including adoption by the current foster parent and guardianship/adoption with the paternal grandmother of the child's siblings. The parental rights have not been terminated, and supervised visitation is permitted. Visits have reportedly been inconsistent. The child participates in weekly tutoring, and has been referred for individual and family therapy.

### **Child's Current Status**

The child's current status was determined to be in the maintenance zone. Her current caregiver is willing to be a resource for adoption. The identified barriers to educational development have been addressed, and the child participates in weekly tutoring sessions. There was a delay in implementing the therapy services that were needed; however, the child's mental and emotional health is good, and appropriate therapy has been initiated.

In terms of physical health, learning development, home placement, and safety in the home, the child's status is in the maintenance zone. A developmental evaluation indicates that she is on target for developmental milestones, and that while she is easily distracted, there is no disorder. She scored above average on dissociation and precocious sexual concerns indexes, for which therapy was recommended. Ongoing physical checkups occur on schedule, and the child is energetic with good school behaviors. Her peer relations are acceptable, although she is described as being more content to occupy herself.

**Parent/Caregiver's Status**

The caregiver status was rated as being in the maintenance zone. The caregiver is receiving supportive services including contact from the social worker, training information, and important dates such as court or administrative review. The caregiver expressed that she is unclear about the permanency plan for the child. She also expressed that while she understands that the judge's decisions are final, she has been able to express her preferences and opinions especially in regard to the implementation style and times for the child's therapy.

The parent status was rated unacceptable and in need of refinement. The mother has been inconsistent with communication and visitation, and the psychological report completed on the mother states that her "compliance is superficial in nature and not sustainable" and that she "presents in...appropriate and seemingly compliant manner to service providers...[but] callously disregards her children's safety and well being." Despite strong opinions that reunification would be contrary to the well being of the child, the mother still believes that she is being considered for reunification. She has not been referred to community support systems such as collaborative, birth parent center.

**Factors Contributing to Favorable Status**

There are many strengths contributing to favorable status ratings on the case. The child has maintained a stable placement with a committed caregiver who is an option for permanency. There is communication between the social worker and the foster parent. The child's educational needs have been identified early, and preventive measures to ensure academic success have been implemented and are ongoing. The child is placed with a sibling and has occasional visits with other siblings. The child's safety at school and home is good, and she is reportedly healthy.

**Factors Contributing to Unfavorable Status**

The need for individual and family therapy was identified early, but services were not implemented due to bureaucratic obstacles. There seem to be several different permanency plans in the works, and team members are not in accord with each other. The mother is working toward reunification, the paternal grandmother of the siblings is becoming licensed in hopes of obtaining guardianship, and the foster parent has been encouraged to pursue adoption. Parent-child visitation is inconsistent and activities to support visits are limited or non-existent. Community resources to support the biological family are not being utilized.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

The legal process is moving within ASFA timelines, and the agency has maintained compliance with very intensive court involvement, including an above-average number of court hearings. Most of the professional team members are well versed in the details of the case, and have a good awareness of potential barriers to permanency.

**What's Not Working Now and Why**

Overall, system performance was found to be in the unacceptable/refinement range. There is no team formation. Some team members are convening meetings without notifying other team members. Identified needs for therapy are not being met due to intra-agency breakdowns, and there is a lack of a "sense of urgency" in following up on referrals. Supportive services that should be available to team members for scheduling, transportation, or other assistance are not available, and team members who are not required to appear in court are not held accountable for poor performance. As a result, activities such as visitation are falling through the cracks, and court ordered requirements are not being met. Team members are in

disagreement about how the orders are to be interpreted. There is little-to-no proactive planning, and any minor crisis could jeopardize the stability of this case. There is underlying tension among team members, which is likely to come to the forefront as the case timelines require decisions about permanency. Opportunities for team-building are being missed or dismissed as unimportant.

Although the legal goal of this case is reunification, most of the team members interviewed indicated that reunification was not being actively pursued. Some statements included:

- “I don’t see them being reunified,”
- “we have to give a year...it doesn’t look good [but] we can’t say that yet,”
- “reunification in this case is unlikely...[the] goal will be changed to guardianship or adoption,”
- “it seems like this case is off the reunification track and people have given up on mom...”

### **Six-Month Forecast/Stability of Findings**

Based on the rating scores and the status of the case over the course of the last six months, it is expected that the child’s situation will decline/deteriorate. Underlying conflicts among team members will begin to emerge as soon as a goal change is recommended, and the child’s stability in her current placement may be jeopardized due to poor proactive planning and team building.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Convene a case plan meeting with all parties; clearly outline the expectations that must be met for each of the potential permanency plans
- Refer the parent to a collaborative and/or refer the case to a collaborative for assistance with scheduling and supervising visitation.
- Fire or put on probation staff members who refuse to complete work.
- Provide training/support to front-line staff who have to have “the difficult conversation” to improve skills for communicating negative feedback. (ex- telling the mother directly that her efforts thus far are insufficient and will not be enough for her to regain custody of her children)
- Visit the child in environments besides the after-care or school setting.



## Written Case Review Summary

Case 26

Review Date: October 3, 2005

Child's Placement: Foster Care

### Persons Interviewed (7)

Private agency social worker and supervisor, guardian *ad litem*, assistant attorney general, foster mother, foster father, and the youth.

## CHILD & PARENT/CAREGIVER STATUS SUMMARY

### **Facts About the Child and Family**

The youth is a 20-year-old African-American female who was placed in foster care in December of 1992 due to her mother's drug use, use of public assistance to buy drugs instead of providing for her children, and refusal to participate in treatment. The youth spoke of a foster care placement prior to 1992. She recalls that her maternal grandmother cared for and she returned to her mother's custody on that prior case. There is not information about that prior case documented in her case record.

The youth is the second of her mother's five children; her siblings are now ages 23, 15, 12, and 2. In 1992, she and her now 15-year-old brother were placed together at a group facility and about four foster homes over a three-year period, before they were separated in 1995, when the foster mother decided she could not manage both the youth and her brother.

That foster mother, the youth, and her brother were familiar with a couple at their church who were foster parents; this youth moved to that family's home in 1995, and has remained part of that family in Maryland. The couple has three biological children ages 25, 21, and 20, who reside in their home. According to records, her current foster parents decided not to adopt the youth but signed a long-term foster care agreement in 1998. The foster parents wanted to adopt the youth but believed, and continue to believe, that they would have lost all access to supportive services and medical benefits for the youth if they had adopted her. The youth believes the foster parents did not want to adopt her.

The youth's 15-year-old brother was adopted by his foster mother. The two families have maintained contact over the years. The youth's foster parents are her brother's godparents. The youth has lost contact with her other siblings and her father; she maintains contact with her mother, who is incarcerated until March of 2006, through letters.

The permanency goal for this youth is alternate planned permanent living arrangement (APPLA). The goals that focus her service plan center around preparing her for independence and include acquiring training or skills that lead to employment; obtaining employment; gaining self-sufficiency; maintaining physical health; and having the ability to maintain emotional self control. While the goal of transitioning to an independent residence was not part of the youth's most recent service plan, she and her caseworker have worked together to transition to her to an apartment. The youth plans to move into an independent living scatter-site apartment in Maryland within the next few weeks. She will share her apartment with another young woman. She can remain in the apartment until her 21<sup>st</sup> birthday in June 2006. The services the youth receives are her foster care placement, case management services with a private agency, and financial assistance through Keys for Life to participate in a cosmetology program.

In mid-July 2005, after an unremarkable early and middle adolescence, the youth began to spend weeks away from home, staying in the apartment of a 35-year-old female friend she met in the cosmetology program. The friend, who is reportedly a combination of a mother/supportive friend figure to the youth, is the mother of five children ages, 15, 14, 13, 12, and 10. The youth is now about nine weeks pregnant and has decided to parent her child. She has known her boyfriend for about three months and they continue to maintain a relationship.

### **Child's Current Status**

The youth's placement in the foster home has been stable and is an appropriate living arrangement for her. The youth's safety, emotional well-being at home, and learning status were all assessed as fair. This is taking into account that there are unanswerable questions about where and with whom she has been spending most of her time. There are no indications that she is involved in any high risk or illegal activity. Her health/physical well-being, responsible behavior, social supports, and life skills development are all marginal at this time. For the past two years, the youth has not followed through with routine medical or necessary dental appointments. She has made no progress in scheduling her own prenatal appointments nor is she compliant in taking prescribed pre-natal vitamins.

Either the youth is experiencing a push out of her home and family, or a pull to her friend's home and a lifestyle that differs markedly from her home, or a combination. She is rejecting positive social supports such as friends from her high school and neighborhood. She has also missed many of her morning classroom hours in the cosmetology program. Her attendance and performance in the program during the afternoon, when she is able to spend time directly with clients, is excellent.

### **Parent/Caregiver's Status**

The overall status of the foster parents is good. They are supportive of the youth and clearly see her as part of their family. They had not envisioned her moving from their home to live on her own. A recent plan had been for the youth to move with the 25-year-old foster sister when the older girl purchased a home. The foster parents have offered to allow the youth and her baby to live with them, if she does not want to live with their daughter. The couple is struggling to understand the youth's behavior and are very concerned that she is not ready for the planned move to an apartment, especially given her pregnancy. Though they have participated in some aspects of planning, they have not been part of the decision-making in this upcoming transition.

### **Factors Contributing to Favorable Status**

A major strength in this case is the bond the youth has with her foster parents and siblings and their commitment to her beyond her legal foster care placement. This remains true despite the youth's recent actions towards separating herself from her foster family. Additionally, after graduating from high school, she is working on meeting career goals with her enrollment in the cosmetology program and exceeding expectations in her work with clients.

### **Factors Contributing to Unfavorable Status**

The youth is moving from her foster home to her own apartment in the midst of strain in her relationship with her foster parents (especially her foster mother), who are the main source of positive social supports. She has demonstrated a lack of following through with tasks or requirements such as her classroom time in the cosmetology program, medical and dental visits. Therefore, there is concern about her abilities to be responsible for herself and her child while living on her own. The expectations are that she will receive some guidance from caseworkers but that she demonstrates maturity and increasing levels of responsibility.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Many key system and practice functions are positive in this case. All team members have a good understanding of the basic path to permanency for the youth; the fact that she will soon age out of the system is clear. The planned services have been implemented in a timely manner with various members of this small team assisting when needed. Resources are generally available as needed. Good efforts are made to engage the youth in a working relationship. Team coordination and leadership, team formation, team functioning, case planning process, tracking and adjustment of plans, and family court interface are all positive in this case.

Although it may be challenging at times to locate the youth and maintain rapport with the foster parents who are clearly having a difficult time with the situation at this time, facilitated team meetings are held and working agreements have been established. The youth has been asked about including the baby's father in future team meetings. Efforts are also being made to expand the service team to include Healthy Families.

### **What's Not Working Now and Why**

Although team members have a fairly good understanding of the youth, there are no formal assessments, clinical or functional, which may assist in gaining a more comprehensive impression of her strengths and underlying needs. Some of her actions may be related to diagnosed challenges she faced as a child: ADHD, expressive and receptive language disorder, and borderline intellectual functioning with significant difference between her verbal and performance testing.

Some but not all family connections have been maintained for the youth; she has been inquiring about visiting her mother and maternal grandmother and locating her siblings. Some efforts are underway to locate her siblings and plans to visit her mother will be initiated.

The youth requested to move from her foster home and the foster parents feel that they were not included in that decision-making. Overall, supporting the youth's request is appropriate but some more targeted family work could have been done. That opportunity is not lost; the foster parents feel that they are included in other parts of this process, and have a long-standing mostly positive relationship with the agency.

### **Six-Month Forecast/Stability of Findings**

The youth's status is marginally fair and expected to decline before it improves. Transitioning to her own housing can be a complex situation for a young woman who has lived a fairly sheltered life.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- As the youth is supported in this transition, continue to partner with her foster parents to sustain them as invaluable asset in the youth's life with the understanding that this is a very difficult time for them.
- Consider a functional assessment of the youth to gain a picture of her capabilities and specific areas where she may require accommodations.
- Discuss partnering the youth with a mentor.

## **Written Case Review Summary**

Case 27

Review Date: October 3, 2005

Child's Placement: Foster Care

### **Persons Interviewed (10)**

Social worker, supervisory social worker, mother's attorney, foster mother, child, teacher, birth mother, primary therapist, therapist's supervisor, director of drug treatment program.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The focus child is a seven-year old African-American male. This child and family became known to the child welfare system in 2003, due to the mother's drug abuse of crack cocaine that resulted in her neglecting her children. She was mandated by the family treatment court, to receive substance abuse treatment, in an inpatient drug program.

The family consists of nine children, ranging from ages fourteen years to six months. The focus child is the fourth oldest. These children are presently in different living arrangements that include kinship placement, traditional foster home placement, custody, and informal family arrangements. The focus child resides in a traditional foster home with two other male foster children ages 14 and 19. He has had two foster care placements since being removed from his birth family. During his last foster care placement he was physically abused by his foster mother. This abuse was described as horrific, in that he was bound and repeatedly hit, resulting in lacerations, bruises, and welts. Immediately after the child reported this abuse to his mother, he was replaced in a respite foster home, where he presently resides.

The focus child receives psychotherapy with a psychologist. She uses different modalities of treatment, which include both talk and play therapy. Therapy is focusing on the child's traumatic experiences, separation issues related to removal from birth family, behavioral issues and overall emotional development. He also receives tutoring at an educational center, to address his educational needs, and is receiving medication management with an agency psychiatrist that he sees monthly, which addresses his ADHD diagnosis.

His mother receives a range of services, that includes inpatient and out patient drug treatment to address her cocaine addiction. She also receives individual and family counseling at the drug program to address past physical and verbal aggressive behaviors towards her children. She attends GED prep, as a first step towards earning a livable wage, and housing assistance for transitional and permanent housing.

### **Child's Current Status**

The focus child presents as withdrawn and fidgety, and he seldom makes eye contact. He is presently one grade behind grade level and is in the second grade. He struggles with reading and writing comprehension. He also is concerned with why he is the only one of his siblings not residing with family and consistently questions his mother during weekend visits about this.

He has experienced considerable trauma and has been exhibiting a host of behavior problems, such as throwing tantrums, engaging in aggressive behavior at home and at school (i.e. striking his siblings and peers). When constructive criticism is offered or boundaries are set, he often shuts down. He also experiences mood swings where he is friendly and cooperative, then

becomes oppositional. In school he was initially disruptive in class by being rude to the teacher, but he has recently adjusted well. Psychological testing has been conducted and he has been diagnosed with ADHD. He takes Concerta, 27 mg, once a day, and his foster mother administers this medication in the morning before he attends school.

He has also made some progress in controlling his impulsive behavior at home and at school, requiring less redirection, and has been able to concentrate better since his medication was increased. He still has episodic behavior problems but not to the extent as before. His foster mother reports that he is no longer stubborn, and that he gets along well with the other boys in her home.

He has been difficult to engage during therapeutic sessions and often times will come to the sessions and not participate. To address this, play therapy has been successful, and now the child is beginning to trust his therapist and has taken some preliminary steps towards addressing some of his issues. This slow engagement process is due to the child having difficulties forming relationships, as he reported to having only a few friends; also his foster mother was not bringing him to therapy consistently.

His permanency goal is guardianship with a family friend that he and his mother refer to as uncle. In pursuit of this plan, he has been having weekend visitation to establish a positive relationship with this family. During one of these visits it was alleged that he exhibited inappropriate sexual contact. It is unknown whether he was the perpetrator or the victim. Since that incident the agency has ceased visitation, and the process to license the uncle's home has stopped. He is no longer being considered as a placement resource at this time. According to his therapist, the focus child experienced high levels of anxiety and bedwetting after these visits.

The child's mother is currently awaiting transitional housing and was expected to obtain it shortly after the review. She is in her second stage of drug treatment, which is an extensive out patient treatment. She also has custody of three of her children, who reside with her at the drug program.

#### **Parent/Caregiver's Status**

The birth mother has been able to maintain her sobriety for 13 months and is able to apply the coping skills learned at her parenting classes and anger management workshops. She still struggles with talking to her child about his current living arrangement and the reason he is not with family members. Moreover, she continues to be against her son receiving psychotropic medication and has articulated that concern to her attorney. The mother has a good relationship with the child and enjoys spending time with him but has expressed that she is frustrated with the system, in that she does not know much about the services her son is receiving. She agreed to the guardianship plan mainly because she was unable to have her son live with her at the drug treatment program. The program only has the capacity for her to have three children with her.

The birth mother has recently enrolled in a GED program, and according to the director of the drug rehabilitation program is in her second phase of treatment, which is an extensive out patient treatment. The mother has the support of friends and family and also attends Narcotic Anonymous meetings weekly as part of her treatment.

#### **Factors Contributing to Favorable Status**

As mentioned previously, the birth mother has been able to maintain her sobriety for a good period of time. She has also been able to obtain and keep custody of three of her nine children, and is benefiting from the services provided. The family has been able to maintain some connectedness through family visitation that occurs at church. The mother has reliable social supports from church and family members. The focus child has been able to make some progress

with his behaviors at home and at school. He is also showing some interest in therapy and has taken some preliminary steps with actively participating in those sessions.

### **Factors Contributing to Unfavorable Status**

The focus child continues to have episodic behavior problems and is unable to express himself adequately. He is sometimes withdrawn and unable to articulate his feelings resulting in him striking out and being aggressive. His behavior, although episodic, needs to be controlled, and he may benefit from a behavior modification plan that aligns both home and school behaviors. The use of a behavior chart may help this youngster visualize his actions and punishment and reward systems should be utilized. In addition, the fact that he inconsistently attends therapeutic appointments inhibits the likelihood of successful treatment.

Other factors that impact negatively on the child and family status is that his mother is against him being medicated. Her insufficient understanding of her son's condition could affect how she deals with him during visitation and her expectation that eventually he will live with her. In view of this, she may benefit from information about his diagnosis and if possible, joining a support group with other parents that have children with the same diagnosis.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The initial steps taken by the foster care agency to have psychological and psychiatric testing done on the child provided them with an understanding and an outline of the child's bio/psychosocial issues. The child's ADHD diagnosis and subsequent medication recommendation, coupled with the re-evaluation of pharmacotherapy that led to an increase in the child's dosage of Concerta, were successful in reducing some of his explosive and aggressive behaviors. Prior to raising the child's dosage a meeting was held with the social worker, psychiatrist and the foster mother to discuss the options and need for such actions.

Appropriate referrals were made for psychotherapy and tutoring, via a learning center, to address some of his presenting problems. Although the child has had only some progress, he has taken some important first steps toward improving his reading and writing skills and engaging with the therapist to address the trauma he has experienced.

The drug treatment program, in conjunction with a housing agency, has been able to locate transitional housing for the mother and the three children in her care, with the prospect of permanent housing within a two year period. The services offered by the drug treatment program of individual and family therapy have stabilized the mother's past anger management issues, and aggression towards her children. The system has also been able to successfully enroll her in a GED program.

### **What's Not Working Now and Why**

The overall system is performing in the refinement area. This rating is primarily due to the struggles in communicating effectively to ensure that information is shared by all service team members, so that they are all working towards the same outcomes, and that urgent crises are addressed in a timely fashion. Poor communication by the service team has resulted in either delay in services or the potential for gaps in service provision. The foster care agency had decided to allow the child to finish the school year at the same elementary school he was attending prior to replacement. Poor communication with the foster mother and a lack of planning to transition the child to his new school resulted in the child enrolling three weeks late. Considering this child's academic functioning, additional effort was needed to ensure a smooth

transition. Additionally, there has been no contact with the psychotherapist to obtain her assessment and concerns for the child. The therapist expressed that she had some concerns about the child's visitation with the prospective discharge resource and that some red flags were raised considering the child's behavior post these visits (i.e. elevated anxiety and bedwetting). These concerns were never known to the agency.

The GAL advocated for the agency to utilize the child's present therapist; however, to date, the therapist has not been paid for services rendered. Even though the therapist inquired about how payment could be remitted, there still has been no resolution of the matter by either the GAL or the foster care agency. This has been going on for five months, further increasing the possibility of service disruption.

Additionally, team functioning and path to permanency domains are impacting adversely on family functioning. Presently it appears that the service team is working in silos and independent of each other. The drug program is only concentrating on the mother and the children in her care, while other members are concentrating on the focus child, unaware of the mother's progress and challenges, or her concerns for her son. Lastly, the guardianship plan has dissolved and there appears to be no concurrent plan for this child. Considering ASFA timeframes, emphasis is needed in this area.

#### **Six-Month Forecast/Stability of Findings**

The forecast for this child is unpredictable. Considering the above, the child's overall status could remain the same. Emotional well-being of this child is dependent on therapeutic sessions that have yielded some positive first steps. Continued success in this area is dependent on the foster mother's ability to get the child to therapy regularly. Additionally, the service team's communication and functioning must improve, so that all providers are on the same page. If these areas are adjusted, the potential for the child's overall status to improve is likely.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Contact the therapist and maintain consistent dialogue to obtain her impressions of the child, his progress and other concerns that may arise.
- Determine how payment can be remitted for services rendered, and begin that process to ensure service continuity.
- Speak with the foster mother, and address the non-compliance with keeping therapeutic appointments.
- Hold a conference with all team members including the mother to discuss long term view and direction of permanency.

## **Written Case Review Summary**

Case 28

Review Date: September 26, 2005

Child's Placement: Foster Care

### **Persons Interviewed (8)**

CFSA social worker, CFSA supervisor, daycare director, daycare teacher, child (seen but not interviewed due to age), aunt/caregiver, assistant attorney general, guardian *ad litem*

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

In June 2004, the 24-year-old mother and the focus child tested positive for cocaine; the mother has an extensive history of substance abuse. The mother was hostile and uncooperative, requiring police intervention; the child was subsequently placed at an infant and maternity home. The mother has six other children and is reportedly pregnant again; her whereabouts are unknown. Five of the children came into CFSA custody in 2000, and are living with a relative; the same relative has legal guardianship of the sixth child. The goal for the focus child is guardianship. The relative caregiver is receiving case management services and daycare services for the child.

### **Child's Current Status**

The target child is a 15-month-old African-American male. He has been living with a maternal aunt and attending the same daycare since December 2004. The caregiver's home was fully licensed in April 2004, and she has filed a petition for guardianship of the child. All parties are in accordance with this goal and there do not appear to be any barriers to achieving guardianship. The child has regular contact with his siblings and other relatives, as many of the family members live in the area, and they all attend the same church.

The child is developmentally on target and in good physical health, though there was no documentation of any formal evaluations. Additionally, the child has shown no signs of emotional distress or behavioral concerns; he gets along well with other children and has a pleasant demeanor.

### **Parent/Caregiver's Status**

The mother's whereabouts are unknown, and she has had no involvement since the initial hearing. Diligent search has been unable to locate her, and her mother has filed a stay away order. The father is unknown. A putative father was identified, but a paternity test excluded him as the father.

The relative caregiver in this case is optimal for this child. She is a strong advocate for his needs and has numerous informal supports. The caregiver is a therapist with dually-diagnosed teens; she has the skills, experience and educational background to work with and monitor a child who was exposed to drugs in-utero. The caregiver coordinates all of the child's care and was identified by several parties as the "lead" person on the case. She has completed all of the steps necessary to be a legal guardian for the child and is merely waiting on the court's determination.

### **Factors Contributing to Favorable Status**

The child and caregiver have a lot of community and family support (about 50 relatives and strong church affiliation). The caregiver is capable of caring for the child and for monitoring his



ongoing needs, although he is currently emotionally and physically healthy. He is reported to be a happy child who is a good-eater and is always clean, well-groomed, and never sick; he is progressing with his vocabulary and shares very well with others. There is an appropriate permanency plan with a relative, and there are no significant barriers; additionally, the caregiver has indicated that she would consider adoption in the future if the mother does not seek help with her substance abuse.

### **Factors Contributing to Unfavorable Status**

Although there were no unfavorable ratings in the case, there were a few areas that need further exploration. The child is currently safe in his aunt's home; however, an allegation of neglect against the grandmother was recently substantiated, and it is unknown how frequently the child is in her home without supervision of the caregiver. It was unclear whether or not the mother has already given her consent to move forward with legal guardianship; but to date, the petition for guardianship has not been contested.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

All parties were in agreement with the permanency goal, and there were no service concerns or needs identified. Legal guardianship is being pursued within appropriate timeframes. During an administrative review in July 2005, it was determined that a termination of parental rights is not necessary because the child is living with a relative, and guardianship should occur within six months.

The child sees his siblings several times a week at his grandmother's house after daycare, and on weekends he spends time with extended family as well. The family provides support to the caregiver when needed, though she is primarily able to manage without assistance. Despite the fact that there were two parties who could not readily identify the social worker on this case, the case is well managed as a result of communications between the social worker and caregiver. The caregiver is empowered, has taken a lead role in the case, and is the driving force for any actions that need to be taken in relation to the child and his permanency.

### **What's Not Working Now and Why**

There is a little fragmentation of understanding certain issues in this case, which appears to be due to separating this child from the "family" case due to his goal of guardianship. A new worker was assigned approximately three months prior to the review and some of the details regarding the "family" case were not communicated to her. There was a substantiated report of neglect against the maternal grandmother who occasionally cares for the child. This information had not been reported to the "child" worker or supervisor, which reflects a significant, and potentially detrimental, breakdown in communication. Additionally, two parties indicated that they obtain information about the child from the grandmother rather than the caregiver.

All but one of the parties interviewed believed that the case would probably be closed within the next few months; the other person identified a potential subsidy delay which did not appear to be known by the other parties. Additionally, participants provided differing information on the status of the mother's consent to legal guardianship with the maternal aunt. The written case plan is in need of modification, as it only identifies medical monitoring and does not clearly define timelines for permanency, though the worker regularly discusses this with the caregiver.

### **Six-Month Forecast/Stability of Findings**

The forecast for the case is that it will be closed within the next six to nine months.

The timeframe for case closure may be dependent on the child turning two so that the caregiver will receive subsidy payments. Otherwise, the case will remain at its current level of rating.

**Practical Steps to Sustain Success and Overcome Current Problems**

- Assess safety of the maternal grandmother's home as there was a substantiated case of neglect in July 2005, and there have been two prior investigations of abuse and neglect.
- Refine and adjust the case plan/service plan to reflect current status
- Due to the child's positive toxicology at birth, a health professional or a representative from the agency's health services division is needed on the team to ensure appropriate developmental monitoring and evaluation
- Determine whether subsidy or parental consent to guardianship will be barriers to case closure

## **Written Case Review Summary**

Case 29

Review Date: September 28, 2005

Child's Placement: Foster Care

### **Persons Interviewed (8)**

Child, In-Home and Reunification social worker, In-Home and Reunification supervisor, Child Protective Services investigator, maternal grandmother (foster mother), paternal grandfather, paternal grandmother, and assistant attorney general.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The child is a four-year-old, African-American female. Her mother (age 24) and father (age 26) are married. She has a six-year-old sister, a three-year-old sister, and a one-year-old brother.

In June 2005, CFSA responded to a referral of physical abuse of the child's older sister. Specifically, CFSA's Child Protective Services (CPS) received a referral from a mandated reporter alleging that the child's older sister had a black eye due to the mother hitting the child. On the same day as the referral, CFSA removed all four children from their parents and placed them in foster care for safety reasons. They were initially placed in two separate foster homes. Less than three weeks later, they were re-placed together in the foster home of their maternal grandmother and maternal step-grandfather who had obtained a temporary kinship foster care license. A few months later, the mother stipulated to using excessive physical discipline with the oldest sibling and the child witnessing the abuse. There was nothing stipulated about the two youngest children, and CFSA returned them to their parents. During the investigation, the CPS investigator identified domestic violence and substance abuse as potential risks. At the time of this review, it appeared that neither risk had been further assessed.

The goal for the family is reunification. CFSA provides the foster care services. The child is enrolled in pre-kindergarten in a new school, received a psychological examination, and is connected with a therapist for play therapy.

CFSA referred and was able to enroll both parents in separate parenting and anger management courses to learn appropriate disciplinary skills. CFSA is assisting the parents with trying to secure stable housing and employment.

### **Child's Current Status**

The child's overall status rating is in the maintenance zone. The child is reportedly safe in her current placement and in school. The child is in a stable kinship placement with her maternal grandmother and step-grandfather. She is placed in the same foster home as her older sister. She was observed to be happy and interacting with other family members. The child is consistently attending school. Reportedly, she has weekly visits with her parents, which are supervised by the kinship foster mother. The child has other social supports from her paternal grandparent with whom she visits each week. The child is up to date on her physical examination and a dental appointment has been set for October 2005.

Some concerns include that the child has not consistently attended play therapy. CFSA has discussed the importance of this with the foster mother, and the foster mother has agreed to ensure it occurs. In addition, the child recently received a school deficiency notice from her pre-

kindergarten program for a lack of participation and initiation. The foster mother attempted to follow-up on this. Some relatives have weekend visits and would like additional visits; CFSA has attempted to rectify the tension between family members about the visiting patterns.

The permanency prospect is that CFSA will reunite the child with her parents. It is expected that this should occur within the next three months presuming both parents complete parenting and anger management courses and other court-ordered services.

#### **Parent/Caregiver's Status**

The parent status is in the refinement area. The parents are married and have various social supports from the child's maternal and paternal grandparents, a maternal great grandparent, as well as aunts and uncles. The parents reportedly have weekly visits with their children in care; the visits are supervised per court order by the maternal grandmother. A family member has phone contact almost daily with the CFSA social worker.

CFSA enrolled both parents in separate parenting and anger management courses. This was due to the nature of the June referral and court order. There was differing information received as to the mother's consistent participation in the program. One account was that the instructor was absent for some scheduled sessions. The social worker intends to further assess whether the parents have any substance abuse issues since she has not observed any concerns in this area but had heard a passing comment. A risk factor from the CPS investigation indicates that a secondary caretaker has a substance abuse problem.

During the interviews, the current social worker stated she intends to refer the parents to marriage counseling after completion of their current courses (the court ordered the parents to participate in family therapy when deemed appropriate by their therapist). She mentioned that there are no current reported concerns or incidents of domestic violence between the parents. However, documentation from the CPS investigation indicated that domestic violence may be an issue needing to be addressed.

The parents need improved housing. They currently reside in a two-bedroom apartment owned by a relative. CFSA submitted a request for the family with an internal housing program; the parents are on a waiting list for public housing.

The parents need stable employment. Per court order, they are to attend a job or employment training program. Recently, the father was accepted in a painter apprenticeship program. The mother has a cleaning position and has discussed seasonal employment options with the CFSA social worker. Due to the need for stable employment, the social worker intends to refer the mother to the Department of Employment and provide her with information on various apprenticeships. The parents will attend a required course for TANF funds, which provides information on employment and training options.

The caregiver status was in the maintenance zone. The child is placed in a kinship home with the maternal grandmother. The child is in a safe environment. The foster home provides the child with structure and boundaries, particularly with attending school. The foster mother participates in decisions; reportedly, she speaks nearly every day with the CSFA social worker. Also, the foster mother supervises the visits between the child and her parents.

#### **Factors Contributing to Favorable Status**

Less than three weeks after removal, CFSA placed the child with her three siblings with her maternal grandmother and step-grandfather who received a temporary kinship license. The child

is in a safe and stable home and school environment. She is in an appropriate educational placement and the foster mother follows up with the school when issues arise. Family connections are encouraged and maintained; visits with the parents are supervised and take place weekly. It is expected that the permanency plans of reunification will be achieved in the next three months if the parents continue with the required/suggested services.

### **Factors Contributing to Unfavorable Status**

Although there are no indicators rated unfavorably in the child status area, the following are a few areas resulting in a refinement rating: stability in the home and school, permanency prospects, emotional well-being in school, academic/learning status. Per court order, the child needs consistent attendance in play therapy. The child changed schools due to the foster care placement and recently received a school deficiency notice. There was discussion raised about the appropriateness of interaction amongst all children in the foster home. There was conflicting information on the reasons for the mother's consistent attendance at anger management and parenting skills courses. The parents need assistance in locating stable housing and employment. The housing and employment opportunities appear to be a systemic need.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The system/practice performance overall rating is in the maintenance zone. CFSA has engaged the family. Two days after the referral was received, CFSA held a Family Team Meeting (FTM). Various family members were present, including the parents, maternal grandmother, and paternal grandmother. During the FTM, the needs of the parents and children were identified and the maternal grandmother and her husband expressed an interest in becoming kinship foster parents for the four children.

The CFSA social worker seems to be the coordinator of the team. Reportedly, she speaks nearly every day with a family member and receives updates from service providers. The social worker has connected the parents to needed services in a timely manner. The parents were offered additional assistance that they did not accept. For instance, upon the return of their two youngest children, CFSA asked the parents whether they wanted to maintain the two children in the kinship home to allow the parents time to work on finding employment and attending their required classes; the parents did not accept this offer.

The child is on the path to permanency – all interviewed stakeholders are aware of the permanency goal of reunification. It is expected that the child will be returned to the parents presuming they complete the required anger management and parenting classes. The CFSA social worker is making efforts to assist the parents in finding stable employment. There has been tracking of the progress of the family members in the connected services and there is follow-up by CFSA during the few instances in which participation was not consistent.

### **What's Not Working Now and Why**

Although there were no indicators rated unfavorably in the system/practice area, the following few areas resulted in a refinement rating. Although there has been a team formation, it does not appear that there is a working team with all the "right people". This is based on concerns being raised during the interviews about such items as interactions amongst family members and participation in visits; however, CFSA has worked to engage various family members.

Another challenge is assessment and understanding. The family is engaged and has been connected to needed services; however the disclosure regarding domestic violence, initially

identified by CPS, did not make its way from CPS to the on-going social worker. The reason for this disconnect is not known, but a domestic violence assessment has not been conducted. Also, the social worker intends to further assess whether the parents have any substance abuse issue.

Finally, while a request was made for a housing program at CFSA, we learned that it could take many months until implementation. Various interviewees commented that the parents are in need of suitable housing if the two children are returned to the parents since it will result in six family members in a two-bedroom apartment.

### **Six-Month Forecast/Stability of Findings**

The six-month forecast is that the child's overall status will likely improve. It is expected that reunification will be achieved in the next three months as long as the parents continue to meet the court ordered requirements. The child's schooling has improved in that she has consistent attendance. The foster mother plans to follow-up with the child's recent deficiency notice from her pre-kindergarten program. It is expected that the child will consistently participate in the play therapy since CFSA has engaged the foster mother on the importance of this. Reportedly, the parents are motivated to meet the service requirements and the father claimed that CFSA's involvement may have been for the best.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Conduct a domestic violence assessment with each parent. Then, if needed, reach out to CFSA's domestic violence specialist for support and consultation. The domestic violence assessment and input from CFSA's domestic violence specialist should occur prior to the movement of referring the parents to marriage counseling.
- Conduct a substance abuse assessment with each parent.
- Monitor the child's participation in play therapy and behavioral progress in school.
- Hold another team meeting with family members and other relevant stakeholders to discuss the case, its progress, and next steps. Update the family on the status of the housing process, the plan for next service steps, and updates on securing stable employment.
- Observe and assess the appropriateness of interaction amongst all children in the foster home.
- Follow-up with the current service providers on the parents' attendance. Ascertain whether there are any barriers to consistent attendance and work to curtail the barriers. Refer parents to additional services as planned.

### **CPS Investigation**

The CPS investigation and risk assessment rating is in the maintenance area. This rating is based upon a review of the information in FACES and a limited interview with the CPS investigator.

CFSA conducted a joint investigation with the Metropolitan Police Department (MPD). The interviews were conducted in a timely manner. On the day of the referral, CPS and the MPD interviewed the mother, the child, and the older sister. CPS observed the two younger siblings. According to the CPS investigator, the father was interviewed on the same day as the referral (interview not documented in FACES).

During the interviews, it was learned that the child witnessed the incident. The mother acknowledged beating the child with a belt and when the child jumped, she was accidentally struck in the eye.

CPS added educational neglect, failure to protect, and medical neglect allegations to the original referral. The father indicated that he saw the eye injury, but when asked why he had not taken the

child to a doctor, he said he not seen the injury. CPS learned that the mother had not sought medical attention for the child. In addition, CPS learned that the child and the older sister had missed an excessive number of school days.

On the same day as the referral, CPS made a safety decision and identified the family's risk factors. A risk factor indicated that a secondary caretaker has a substance abuse issue. However, other documentation from the investigation indicated that the parents denied having a substance abuse history. Also, documentation from the CPS investigation revealed that the parents indicated having had domestic violence issues between them in the early part of 2005 and charges were dropped.

The CPS investigator documented an awareness of the family's prior reports. Specifically, the parents had one prior referral in June 2000 for failing to follow-up on a child's needed medical attention. It was unfounded for medical neglect (although listed as an abuse allegation) after CFSA confirmed two months later that a doctor had seen the child.

For the current referral, CFSA removed all four children on the day of the referral due to immediate safety concerns. The investigation was substantiated. There was no evidence in FACES that CPS issued to the parents a notice of investigation results. All four children were medically screened on the day of the referral. Although unclear in the contact notes in FACES, the initial hearing order reflects that CFSA initially separated the children by placing them in two foster homes (the two youngest were placed together and the two oldest were placed together). The case was transferred to the In-Home and Reunification social worker two days after the referral.

## **Written Case Review Summary**

Case 30

Review Date: September 26, 2005

Child Placement: Foster Care

### **Persons Interviewed (8)**

Maternal aunt (pre-adoptive placement), CFSA social worker, CFSA supervisor, guardian *ad litem* (GAL), assistant attorney general (AAG), birth mother's attorney, petitioner's attorney – attorney for maternal aunt, hospital social worker

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The target child is a fifteen-month-old African-American male who is currently placed with his maternal aunt. The child came to the agency's attention in June 2004; he tested positive for cocaine at birth. The child's biological mother has a history of chronic substance abuse as well as physical and mental health issues. The mother has a chronic medical condition that could have been passed on to the child; however, he does not show any evidence of having the same condition at this time. According to informants, this mother has a history of not caring for any of her children. The child has seven other siblings, all of whom are cared for by other people. The ages of the siblings range from four to seventeen years old.

The child was placed in kinship care with his maternal aunt at the time the case was opened. The permanency goal for the child was initially reunification, but was changed to adoption in January 2005, after the biological mother refused all services and reasonable efforts were made by the agency to reunify this mother with her child. The mother was adamant about not caring for the child and consented to the adoption.

The child is currently residing in a very caring and supportive home with his maternal aunt and cousins. This placement is the least restrictive and most appropriate placement for the child. The child is thriving and developing very well in the home. Recently, the child's maternal aunt was forced to move out of her home due to a collapsed roof. As a result of the unsafe condition in the home, the aunt temporarily moved her family to Maryland to live with the aunt's minister while she tried to secure other housing. The family has now moved from the minister's home into a new four-bedroom townhouse in Washington, D.C. This move has prolonged the adoption process as it has necessitated a home inspection, a new home study and re-licensure of the caregiver.

### **Child's Current Status**

The child is reported to be a happy and healthy fifteen-month-old infant. He is residing in a safe and a stable home with his aunt and his three cousins. The child has adjusted well to the family. It is reported that he has bonded well with his cousins and aunt.

At this time, the child does not have any major health concerns. His immunizations are current, and he has attended all of his well baby check-ups. Developmentally, the child is progressing fine; his aunt provides the child with the proper guidance and boundaries for healthy development and he is currently attempting to master the skills of pulling upright and walking. As precautionary measure to the child's prenatal exposure to cocaine, a developmental assessment was conducted in April 2005. The pediatrician recommended that child undergo assessments for occupational and physical therapy, as well as speech and language therapy, in addition to the developmental evaluation.



Overall, the child status rating is adequate and meets short-term objectives. The child is doing well physically and all of his basic needs are being met. The child's aunt has provided the child with a stable, loving and supportive environment.

#### **Parent/Caregiver's Status**

The overall caregiver status is fair. The child is in a very loving and supportive home. He is described as the "baby" of the family; everyone adores him. Since the child's birth, the maternal aunt has been very clear of her role as his permanent caregiver, and filed a petition for adoption in the spring of 2005. The aunt ensures that the child attends his scheduled appointments, participates in the court process, is involved in the decision-making process, and maintains contact with the social worker, her lawyer and the guardian *ad litem* (GAL).

The aunt is temporarily working and receiving public benefits in addition to financial assistance from CFSA on behalf of the child. Post-adoption financial stability is of concern due to the ongoing therapeutic needs of the child. The previous social worker made a request for an adoption subsidy and Title IV-E benefits to further financially assist with the child's needs post-adoption. Presently, the team is not clear if the subsidy or medical benefits will be granted due to certain eligibility requirements.

#### **Factors Contributing to Favorable Status**

The child is placed in the most appropriate, home-like placement with his maternal aunt and cousins in a safe, nurturing and loving atmosphere. The aunt is very committed and supportive of the child's physical and emotional well-being and is involved in decision-making regarding the child. She is a strong advocate for the child and is vocal in communicating her nephew's needs to the team of people involved with his case.

The understanding of the child's permanency goal was a positive factor in the child's case; it has been clear since the child's birth that the maternal aunt would be the permanent caregiver. A solid realistic plan for adoption has been in place since the very beginning of this case. Though certain circumstances have prolonged the adoption processes, continuous efforts are made to rapidly finalize this adoption in the near future.

#### **Factors Contributing to Unfavorable Status**

The developmental evaluation reflected that the child has a tongue deformity that needs medical attention. If not addressed soon, this deformity could affect the child's speech and language development in the near future. It was noted that the child becomes very angry and agitated when he makes efforts to speak. Further evaluations are necessary to assess a need for immediate medical attention and/or speech and language therapy for this child. Referrals for these evaluations have been made but locating a medical facility that will take the child's Medicaid and expedite this process in a timely manner is a challenge.

Another factor involves the aunt's financial ability to care for the child once the adoption is finalized. Throughout the life of this case, there have been occasions where the aunt had some financial difficulties and the agency needed to provide monetary assistance.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now**

Throughout this case, the agency has provided numerous resources and services to the child and his aunt. Although the aunt feels that the services should have been provided in a timelier manner,

she was very satisfied with the services and support that the child received from the agency. The child and his family have great informal supports as well as good family connections. The providers on the team are very clear about their specific roles and are very involved in the case. Everyone is dedicated and committed to this child's permanency goal of adoption. It is anticipated that this case will move to safe case closure in the near future. The new social worker and supervisor are working diligently to ensure that all the proper services and supports are in place to finalize the adoption soon.

### **What's Not Working Now and Why**

Overall, the performance of the service system was marginal and in need of refinement due to changes in the case over the past several months. The primary problem with this case is poor communication across the system. The case was transferred to the new social worker and supervisor with limited background information as a result of the previous workers leaving the agency. Additionally, the maternal aunt moved her family from her original residence and none of the providers were aware of the move until after the case was transferred. The transfer of the case as well as the aunt's new place of residence has placed the adoption on hold until further assessments are done. During this review, it was understood that some of the team members were thinking this adoption was going to be finalized on the next court hearing in late October 2005. Some of the team members were not aware that a new home-study and home inspection are needed before the adoption process can further proceed. This definitely affects the pathway to permanency for this child at the moment.

The second challenge in this case is team formation and functioning. There are numerous people working on this case, but some important people are missing from the team, particularly related to the child's developmental monitoring. Even though the team members were very clear of the leadership role of previous social worker, everyone contacted the social worker individually; they did not regularly meet as a team.

Finally, there is limited tracking and implementation involving the child's possible developmental issues. Even though early intervention services are in place, further evaluations are needed. These evaluations would also determine if this child is eligible to receive an adoption subsidy and medical benefits. Though the previous worker made referrals for the evaluations, during the case transfer process the referrals fell through the cracks of the system. The current social worker recently tried to schedule an appointment for an evaluation, but was told the waiting list is a six month to a year wait.

### **Six-Month Forecast/Stability of Findings**

The child's case will continue to do well in the next 6 months. It is most likely that the adoption will be finalized within the next six months once the aunt becomes re-licensed and her new home is inspected.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- The social worker should seek assistance from CFSA's Office of Clinical Practice (OCP). OCP could offer assistance in scheduling the child's evaluations in a timely manner. Due to the child's positive toxicology for cocaine at birth, a health professional or a representative for the agency's health services is needed on the team for precautionary measures.
- The new social worker and supervisor should continue to follow-up on the re-licensing and inspection of the aunt's new home.
- The team coordinator should make sure that all the team members understand the adoption timelines and that the finalization of this adoption is not going to occur in the next 30 days.

- The aunt needs assistance in post-adoption planning. It is a possibility that the child will not be eligible for an adoption subsidy and financial assistance will not be available once the adoption is final. The social worker should assist the aunt in budgeting and locating other community resources for post-adoption assistance. Moreover, further assessment should be considered to determine if the aunt has a chronic health condition. It is possible she could receive financial assistance through other community agencies relating to her medical needs as well.

## **Written Case Review Summary**

Case 31

Review Date: October 3, 2005

Child's Placement: Foster Care

### **Persons Interviewed (9)**

Child, biological mother, biological father, maternal great-grandmother, CFSA social worker, CFSA supervisory social worker, Child Protective Services worker, guardian *ad litem* (GAL), and schoolteacher

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The focus child of this review is a healthy, eight-year-old, African-American girl, who is mildly mentally retarded and diagnosed with a chronic medical condition. A series of incidents lead to the opening of a case with CFSA. In November 2004, the focus child's sister disclosed that she had been sexually abused. During the course of the investigation, the mother and her then-paramour acknowledged that there was domestic violence in the home and that the focus child and her sister witnessed it. The sexual abuse allegation was substantiated. The mother was referred for domestic violence counseling and other services and was told she must not allow the paramour back into the home or allow him to be near her children. The focus child and her sister remained with their mother; a case was not opened. In June 2005, a public domestic dispute occurred involving the mother and the paramour, which resulted in the paramour's arrest. He gave his address as the mother's address. She admitted that the paramour lived with her, despite having been warned that she risked losing her children if she allowed him back into the home. Because the mother allowed the paramour back into the home, failed to comply with recommendations to obtain domestic violence counseling, and failed to follow-up on the forensic evaluation, the focus child and her sister were removed from the home for failure to protect. They were initially placed in a foster home and then placed with their maternal great-grandmother two weeks later.

Family members actively involved with the focus child include her biological older sister, biological mother and father, maternal great-grandmother, maternal grandmother, and a teenage aunt. The focus child and her sister currently reside with her maternal great-grandmother, about a mile from her mother's home. Recently, her biological father has begun to reside in the mother's home.

A number of agencies are involved and providing services. They include case management services for the family; special education services, including speech and language therapy, and occupational therapy, for the focus child; domestic violence counseling for the mother; random drug screens for the mother; parenting classes for the mother; kinship care payment and training for the maternal great-grandmother by CFSA; and psychological evaluation for the mother. Planned services not yet underway include substance abuse assessment for the mother, physical therapy and a developmental assessment for the focus child, and individual/family therapy for the mother/family. The mother's history of domestic violence, alcohol abuse, and inadequate follow-through on educational, medical and treatment needs of her children are the basis of her service needs. The maternal great-grandmother is receiving services related to her role as kinship care provider.

**Child's Current Status**

The focus child is healthy and has shown marked improvement in her special education classes; the teacher appears to be highly devoted to her success and continually updates goals that will challenge the child to reach higher levels. She has some problems socializing with her peers, preferring to isolate herself or play with her sister. This is in part due to some physical problems she has with walking on her toes and drooling, which have caused her to be teased.

The child is placed with her sister in the home of the maternal great-grandmother, who lives about a mile from the mother's apartment. Through the efforts of the great-grandmother, the child was able to remain in the same school in which she ended the previous school year.

The child is surrounded by her mother, father, sister, and maternal great-grandmother, who are actively involved with her life on a daily basis. The maternal grandmother is also involved. The sisters are highly bonded and play well together. Family members have participated in the Family Team Meeting and court hearings. The child is safe and stable in her current placement.

The great-grandmother both initiates action and follows-up when a need arises. For example, when the child needed glasses but insurance was not in place, the great-grandmother paid for them. Physical and dental exams are current, and the great-grandmother can recite specific dates and locations of upcoming appointments.

The family is positioned to regularly step-up visitation schedules/arrangements because there are persons who are willing and able to supervise visits, including the great-grandmother, grandmother, and father.

Medical-related assessments and follow-through on recommendations need to occur for the child. These include a developmental screening, which has been scheduled; a referral for physical therapy, which is being done through the school; and treatment for drooling and to correct the problem of walking on her toes. Regarding the medical treatment, the family has not followed up on recommendations because they are somewhat extreme – breaking and re-setting the child's legs to correct the walking problem and using a button on a string in the child's mouth to correct the drooling, which the mother fears is a choking hazard.

Now in the third grade, the focus child is in her sixth school, and her family has moved at least as many times and lived in a homeless shelter at one point. More stability is needed in order for the focus child to achieve her fullest potential.

**Parent/Caregiver's Status**

Permanency planning may need to be adjusted to take into account the current status of the mother/father relationship. As it stands, the father is now living with the mother, but it is unclear what his role is or what his plans are. In the past, he has had his own issues with substance abuse, and theft from the mother, which lead to the mother and children becoming homeless. More formal and systematic assessment of the father and his issues deserves careful consideration.

It is not clear whether the mother has any lingering feelings toward the paramour who is now imprisoned on multiple charges. Those charges are not entirely clear but they are thought to be related to the sexual abuse of the focus child's sister, the public altercation that led to the case opening, and the serious beating he gave to the mother (after the case opened) for which she was hospitalized. There is also a discrepancy in how much longer he will be imprisoned, with reports varying from 6 months to several years. The mother expressed that, although she completed the domestic violence program as outlined in her service plan, she did not get to talk much about her

own experiences. The mother appears to need more work in this area, including whether she is still vulnerable to the former paramour and can keep herself and her children safe.

There have been concerns that the mother has an alcohol abuse problem. She took one drug test at the courthouse that was negative, but it did not test for alcohol, and a professional has not assessed her. The mother is currently unemployed, worked temporary jobs from 2003-2005, and was previously laid off a government job for excessive absences. She has received training in computer science, nursing, and paralegal services. Her stated aspiration is to become a judge. The mother may benefit from a thorough assessment of employment skills and career planning for work that will enable her to maintain stable employment and support her family without the aide of public assistance.

Based upon what is currently known, the family is receiving the supports necessary to adequately meet the needs of the focus child and maintain the integrity of the home upon reunification. However, it must be emphasized that careful follow-up and monitoring of recommendations from the various assessments, evaluations, therapies and treatments, to include the child, mother, and possibly the father, will be necessary to ensure permanency and stability in the long term.

#### **Factors Contributing to Favorable Status**

The child is in a safe home she can remain in indefinitely. Apart from the effects of her chronic medical condition, she presents as physically, mentally, and emotionally healthy. Her schoolteacher stated that she is the best-behaved child in the classroom, citing her good manners. Academically, she has shown marked improvement with her current teacher.

The mother's compliance with the service plan, the great-grandmother's follow-through on home, medical and school needs of the child, and the support system that the family has established for the care and supervision of the child and her sister are all factors contributing to a favorable status.

#### **Factors Contributing to Unfavorable Status**

The child has not been stable due to several moves in the past year; the child was removed from the mother's home, placed in a foster home, and then placed in her great-grandmother's house. While the child's family is making progress on their goals for reunification, it is still early in the case, and they will not be reunified in the next few months. Additionally, the team members do not all agree on a timeline for when and how the child will be able to return home.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now**

Overall system performance was in the refinement zone. The levels of child and family engagement, caregiver implementation, resource availability, and informal supports and connections were rated even higher, in the maintenance zone.

The social worker maintained consistent contact, follow-through, and good rapport with the family, who described the social worker as "excellent." In addition, the combination of special education services appears to be well coordinated at school. Several review participants described the team as having good communication and including the family in decisions. The great-grandmother and social worker were described as team leaders. The mother seems to have a clear understanding of the goals the court has set forth for her to reunify with her children. There are plentiful resources available to her, the great-grandmother, and the child.

The path to permanency and case planning were also in the refinement zone. The team has quickly begun to work towards the goals outlined by the court, but more in-depth assessment and implementation should be done before making any moves towards reunification.

The family court interface was acceptable, with all but one of the parties describing themselves as satisfied with services. It was reported that this party's attorney said he did not have to attend the court hearings, although he does attend them anyway.

#### **What's Not Working Now and Why**

Only two indicators, team functioning, and assessments and understanding, were rated unacceptable in the refinement zone. While all family team members express the expectation of steady, rapid progress toward reunification, one party was far less certain of the outcome, unconvinced that the mother will do what is necessary to address her underlying issues, such as substance abuse and domestic violence, for the return of the children. The same individual also stated that, even if the child were returned home, intensive in-home services should be in place.

In the area of assessment and understanding, in order to get at a depth of understanding of causes of the mother's history and to address them fully, further domestic violence treatment, the outcome of the psychological evaluation, and individual and family therapy will be crucial. The mother may need to delve deeper into the causes of her history of domestic violence, substance abuse, and unstable employment and living arrangements, if she is to truly turn her life around.

With only three months since case opening, some of these services are planned but not yet underway.

#### **Six-Month Forecast/Stability of Findings**

The six-month forecast is for improved status. The mother is currently engaged and motivated to achieve the goals of the service plan. Various assessments and treatment, currently underway or planned, are expected to provide a much greater depth of understanding of issues, patterns, and treatment needs of the mother, focus child, and family as a whole. The father may be open to receiving services to address his history of substance abuse and homelessness. The social worker and maternal great-grandmother have demonstrated a strong capacity for initiation and follow-through on service planning and recommendations.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Close medical monitoring of the focus child, and follow-through on recommendations to address the issues surrounding her walking on her toes, drooling, and other matters that may surface in the course of the developmental screening and physical, speech and language therapy.
- A thorough assessment of the mother's home for safety (related to supervised overnight visits), and the current role of the focus child's father in the family and household, as well as offering services to the father.
- Obtain an assessment from the domestic violence service provider of the mother's work and progress to date. Consult with the CFSA Domestic Violence Specialist to determine a resource that the mother can use to take her domestic violence treatment to the next level. Additionally, follow-through on the recommendations of the psychological evaluation of the mother is needed.
- Team functioning will be enhanced when the CFSA social worker and GAL are in agreement on the mother's progress toward reunification, and when the team can jointly consider the

results of the domestic violence treatment, psychological evaluation, and parenting classes. The Administrative Review remains one option for team meeting and collaboration.

**CPS Investigation**

The assessment of risk and the family's situation was appropriate. The CPS worker noted the risk of substance abuse, based on the numerous alcohol bottles he saw in the house, and passed this information to the ongoing worker. The mother was informed, in investigations prior to removal, what could happen if she failed to keep her child(ren) safe, and because she had not done this the case was opened. The family expressed some concern about the lack of information they had when their children were removed, but it seems the CPS worker followed protocol. An FTM was held speedily, and the children were soon placed with family. The overall quality of the investigation is rated in the maintenance zone.



## Written Case Review Summary

Case 32

Date of Review: October 5, 2005

Placement: Foster Care

### Persons Interviewed (7)

Child, kinship foster parents (brother and his fiancée), CFSA social worker and supervisor, guardian *ad litem* (GAL), teacher

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The review child is an 11-year-old African-American male, removed from his mother's care in May 2005, due to physical abuse of the child. The child and his twin brother were initially placed in a foster home. In early June 2005, the child was placed with his older brother. Currently, the child resides with his twin brother, older brother, the brother's fiancée, and their two young children (girls, ages four and one) in Washington, DC. The brother and his fiancée are expecting their third child in a few months. They live in a moderately sized two-bedroom apartment, which is sparsely furnished. The child and his twin sleep in one of the bedrooms, the two girls sleep in another room and the parents are sleeping in the living room. The mother has recently resumed working part-time, following recent medical concerns and surgery. The mother has a history of alcohol abuse and is believed to be drinking at this time. There have been three prior allegations of abuse and neglect by the mother; one allegation was substantiated for abuse and the case was opened with CFSA for approximately one year.

### **Child's Current Status**

The child's status is in the refinement zone. The child is engaging and charismatic but has obviously been impacted by being removed from his mother's care and expresses this through negative behaviors. Counseling is helping the child, and he appears to have a good understanding of why the counseling is needed. Despite the removal, the child has positive feelings about living with his brothers and nieces; the foster home environment is safe and currently stable. The goal of the case is reunification, though it is not clear whether or not this is a realistic or appropriate goal.

Educationally, the child is in the sixth grade but functioning at the third grade level; he is having problems in school, academically and behaviorally. He is diagnosed with a learning disorder, disruptive behavior, adjustment disorder with depressed mood and a need to rule out attention deficit/hyperactivity disorder. He is inattentive and needs one-on-one attention. In the past month, he destroyed school property and had a verbal altercation instigated by another student; he was so angry he left the school premises but did not fight with the other student. The child has a very positive relationship with his teacher, is able to verbalize his feelings to her, and recently wrote a narrative regarding his situation. The teacher has moved him next to her desk, and his behavior has improved in many aspects. He likes school though he is "not a perfect person who gets good grades." He generally has positive relationships with his peers at school and at home and enjoys spending time with his mentor.

### **Parent/Caregiver's Status**

The mother has been participating in all court-ordered activities. She is participating in parenting skills training, anger management classes and family therapy. She has been drug testing weekly, and attended a substance abuse screening. Though outpatient services were recommended, she is not participating, as it was not court-ordered. The mother was regularly visiting with her children

until the beginning of September; CFSA terminated the visits due to her inappropriate behavior and the emotional impact it was having on the child. The mother works part-time. The recent conflict between the caregiver and the mother has caused a great deal of additional strain in the family.

The biological father's history is unclear. He was previously incarcerated and not extensively involved with his son; however, since placement with the adult brother, the child has been seeing his father more regularly.

The caregiver, the child's older brother, is committed to caring for the child to such a degree that he has not been taking care of himself. He and his fiancée completed the required training to become licensed kinship care providers. He is employed full-time, but has had to take time off from work to care for his brother, which is resulting in a loss of income. The caregivers do not feel supported; they "do what they are told" and feel that they "have no choices." Despite feeling somewhat disrespected, the kinship caregivers are willing to provide long-term ongoing care for the child if needed.

#### **Factors Contributing to Favorable Status**

Currently, the child resides with family in the general community where he was raised. The caregivers are genuinely concerned for the child's welfare, are nurturing, affectionate, and active participants in the planning process. The home appears to be a "good fit" and is a healthy and thriving environment for the child.

The child is healthy, and is receiving supportive services such as mentoring, tutoring and therapy. The social worker has been responsive to identified service needs and has balanced responding to the supportive needs of both the kinship caregivers and the mother amidst their interpersonal conflict.

#### **Factors Contributing to Unfavorable Status**

The interpersonal conflict between the mother and the caregiver, her oldest son, is causing many negative consequences. The caregiver is not participating or willing, at this point, to participate in family therapy, the child's emotional stability has deteriorated, the stability of the home and school placements are at risk, and the mother's involvement in the case and interaction with her child has waned. The child's educational status is deteriorating, as he is not placed in an appropriate educational setting.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now**

The child is living with his twin brother in their adult brother's home with their nieces. Connections to extended family members have been significantly expanded since placement in the older brother's home. The child reconnected with his father, uncles and cousins from whom he was previously isolated. In addition to his own family, he is involved with the family of his future sister-in-law. The mother was initially visiting with the child almost daily and he stayed with her on weekends until approximately one month ago. The child still sees the mother weekly while at family therapy.

All parties involved in the case have a clear understanding of the permanency goal and the timelines for reunification to occur. Services identified to achieve reunification have been readily available for both the child and mother. The caregivers are receiving supports such as food and

clothing vouchers, beds for the children and kinship care payment. The current caregivers are willing to care for the child as long as necessary.

The guardian *ad litem* is very active in the case and provides support to the caregivers as well as the child. The court interaction is positive and supports decisions made by participants and enforces them, rather than guiding the case actions. The social worker ensures communication of information between participants, and dedicates a great deal of time meeting the demands of the mother and caregivers and the needs of the child.

### **What's Not Working Now and Why**

While there is a “functioning team” that communicates on a regular basis, several key participants are not included in the team. This is causing fragmentation in provision of services and understanding of the family. The mother and caregiver both have medical conditions that have not been fully assessed. The child has an educational advocate; however, it does not appear that the advocate is providing the necessary support to ensure the child’s access to special education. There is no current IEP for the child despite the fact that this was recommended at the end of the previous school year. The participants in the case know that this has not been resolved, but no one is taking the lead to address it, because everyone thinks that someone else is taking action.

Approximately a month prior to the review, the mother violated the guidelines for unsupervised visits and there has not been a visit since; a new visitation schedule has not been agreed upon. Additionally, there is disagreement in relation to safe reunification with the mother, due to her alcohol abuse, history of being physically abusive and her possible mental health issues, which have not been adequately assessed.

There have been significant delays in service provision, though referrals were made in a timely manner. For example, the adult brother was immediately identified as a placement resource, but it took three weeks for the emergency license to be granted, resulting in foster care placement of the child. The caregivers did not receive payment for the children in their care until a month after placement, which caused serious financial strain on them. Therapeutic services were referred in May; however, these services were not in place until September.

Though there are clearly defined behavioral expectations for the mother to achieve reunification, these are not included in the written case plan, nor are they known by all parties. She has complied with all of the recommended services, but there is discord among participants as to whether or not this is sufficient for reunification to occur. The mother participated in several of the currently recommended services during the time that the case was previously open; it would seem that the services did not meet the needs of the family since the mother physically abused her child again.

### **Six-Month Forecast/Stability of Findings**

The six-month forecast is that the case will remain status-quo. The outcome of this case is highly dependent on the actions taken in the near future. If the identified issues for school, support to the caregiver, visitation and family dynamics are addressed, the outcome for this child could significantly improve; however, if not addressed, the outcome could be very detrimental.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Consider holding an interdisciplinary team meeting, with everyone involved (including family, teacher, therapist, etc.) to discuss the case, promote interaction among team members and to develop plans for the child and family.

- Engage the educational advocate to resolve the child's academic issues and to begin the process for IEP development.
- Develop and implement a visitation plan that does not conflict with the mother's work schedule.
- Comprehensively assess the mother's ability to provide appropriate and safe care for her child. The fact that she has a long-standing history of being abusive and leaving her children unsupervised should act as an impetus to develop clear behavioral expectations and implementation of ongoing supportive services prior to reunification.

**CPS Investigation**

This investigation was rated in the refinement zone. Though it was initiated and completed in a timely manner, was an undisputed case of physical abuse, and was appropriately substantiated, there are several factors of this investigation which cause it to be unacceptable. The older brother, who contacted the CPS worker and identified himself as a placement resource, was never interviewed. Documentation of the interviews was limited. The family risk assessments provide inaccurate and conflicting information. There were three prior reports of abuse or neglect to the agency, one of which was substantiated and resulted in a case being opened for approximately one year; however, the risk assessment and investigation summary reflect no prior reports or involvement with CFSA. One assessment indicates alcohol abuse by the mother, the other does not. Though the mother admitted to physically abusing her child, the assessment indicates that she has no problem with parenting skills. Due to the limited investigation regarding the history of this family and the mother's functioning capacities, services are being repeated and the plan to address risk factors is not complete.

## **Written Case Review Summary**

Case 33

Review Date: September 27, 2005

Child's Placement: Foster Care

### **Persons Interviewed (10)**

Child, biological mother, group home staff member, school personnel (assistant principal, current Math teacher, former English teacher and homeroom teacher), ongoing social worker, child protective social worker, and supervisor.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

There are two reports on this family regarding the fourteen-year-old minor child. This family first time became known to CFSA in December 2003 regarding an allegation that the biological mother disciplined her 12 year old son by spanking him and hit him in the eye (resulting in a slight cut under the eye). There were no physical bruises observed by the child protective social worker during the investigation. The case was unsupported and closed at intake. Approximately two years later, a second report was made in June 2005, after the target child witnessed and heard his mother and her paramour engaged in a domestic violence incident. The child attempted to help his mother, and the paramour threatened to harm him by telling him to "stay out of adults' business."

The child climbed out of the window of his bedroom and went to the Metropolitan Police Station, where he reported the incident. A police officer and the child returned to the home, and the paramour was arrested in part because he was on parole for a prior assault. As of this writing, the paramour is incarcerated and involved in a parole trial to assess if he violated his parole. The child has been issued a subpoena and is testifying as the primary witness against the mother's paramour.

During the CFSA assessment of the domestic violence incident, the mother stated that she was the aggressor on that night and in the relationship more generally. She also stated she did not hear the paramour threaten her son. She stated that when her paramour is released from jail, he will definitely return to the home. The mother also admitted that she has an alcohol problem and has been drinking since the seventh grade.

### **Facts About the Child and Family**

This African American household consists of the biological mother (age 47), her son (the target child - age 14), and the mother's paramour (age unknown). Additionally, the mother has two adult children, male and female, who do not reside in the home. The adult son is incarcerated in Pennsylvania, while the daughter resides with her two daughters and her partner in close proximity (around the corner) of her mother. Biological fathers for the mother's children are deceased.

The child was initially placed in an informal arrangement with the adult sister given the worker's concern that the mother's paramour could return to the home. He remained with his sister less than 10 days because the sister and the mother could not agree on the terms of the placement. The sister had asked the mother to sign a notarized letter providing her with full custody and responsibility for her brother. Instead, the mother preferred for her son to be placed with an uncle in Virginia. Since the mother would not agree to sign the notarized letter, the target child's sister brought the child to CFSA for placement because she believed she could not provide appropriate

care and protection for him under the current circumstances. A brief family meeting was held in the hours before the Court hearing. The family and the newly assigned ongoing case worker attended the meeting.

The child was placed in a group home in June 2005. The immediate plan is for the child to reside with his adult sister, who lives around the corner from their mother. The permanency goal is reunification with the mother. The maternal uncle and a paternal sister were placement options for the child, but these were never fully explored.

In terms of support, the maternal sister is a main resource and a willing caregiver for her brother. The agency needs to expedite the placement process for having the child reside with his sister. The sister's home has been temporary licensed to be a kinship care provider for her brother.

### **Child's Current Status**

The child is in a stable and safe placement and environment. He has remained in the same congregate care placement since coming into care in June. A transition back to his sister's home is anticipated within the next several weeks.

The child is struggling academically. Last year he did not pass math and English. While he successfully made these classes up in summer school, he continues to show signs that school presents a challenge for him. He recently received deficiency notices in math and biology. The math teacher believes he can do the work but he does not thoroughly complete his assignments in class. The child recognizes his own struggles with math and biology. He reported that he wants to attend a better school, so he is focused on improving his grades. Tardiness has also been a problem since he began school this year.

In addition to these performance issues, he missed a week of school at the beginning of the school year due to the placement in foster care. The mother reports the child was enrolled in his current school (where he attended last year) but the child was not initially taken to the school after the placement. This week of unexcused absences is having a significant impact on his grades.

To date, there have been no meetings or specific interventions designed to help the team better understand and meet the child's educational needs.

The child has missed three medical appointments during his placement in foster care and has, therefore, not received a full medical evaluation. In addition, he has been complaining about headaches and an evaluation of this issue is needed.

Both his mother and a former English teacher suspect the child is using marijuana. At the time of this review, it seems that CFSA did not know this information.

The child gets along with his peers, particularly in the group home. He has a small network of friends and is well liked by the adults who meet him.

The level of volatility of the mother's paramour is unknown in this case. In addition to the arrest during the domestic violence incident in June, he has previous charges for assault. The reviewers were concerned that the lack of assessment data and the child being compelled to testify against him may result in a safety issue when he is released from jail, particularly given the mother's desire to continue this relationship.

**Parent/Caregiver's Status**

Currently, the mother is living alone while her paramour is incarcerated. She works full-time with the federal government as an administrative assistant. Although she has been described by team members as angry and difficult to engage, she maintains a strong bond and commitment to her child returning home. She reports recognizing that the difficulties her family is currently experiencing are directly related to her drinking problem. As a result, she has stopped drinking in the last couple of months, and has joined a church (and been baptized) to help her work through her problems. She has attended 12 AA meetings, but she feels that the group she has been attending is focused too heavily on the needs of older men and has ceased attending.

Initially, she was not receptive to any services offered by CFSA, but now she is seeking help for substance abuse. She could benefit from participating in substance abuse and domestic violence prevention services or supports that are individualized to meet her needs and help her come to terms with both the current issues and her family history of alcoholism and domestic violence. Additionally, she believes a family therapist could be helpful.

Because there has been no engagement with the mother by CFSA and no services offered and/or rendered, the parent status is in the refinement zone. The mother's resiliency has stabilized her somewhat.

**Factors Contributing to Favorable Status**

The family has a strong bond, and there is a commitment to the child among family members. The mother has stopped drinking and has attended AA sessions in the last couple of months. She has also joined a church that provides her moral and spiritual support. She has a strong commitment to her child being returned home. The mother and daughter are now working together to ensure the child's well-being. They recently attended a parent-teacher conference meeting together to evaluate the child's educational needs. The child does not appear to have any immediate safety concerns at the group home and this placement has been stable although a transition to his sister's home is anticipated shortly. He has not changed schools as result of being placed in a group home, and he has overnight weekend visits with his sister (close proximity of family). Since his mother resides around the corner from his sister, he visits her quite often, especially on weekends.

The mother is resilient because she has taken steps to address her substance abuse problem, in addition to seeking help from the church to deal with the underlying issues regarding domestic violence.

**Factors Contributing to Unfavorable Status**

The mother and child have not been referred and/or received any services (substance abuse, domestic violence, tutoring, mentoring, family and/or individual therapy) from CFSA since the child was placed in care in June 2005. There has been no engagement with the family members in regards to permanency planning for the child. As of this writing, there are at least two placement options for this child with relatives, but the child still resides in a group home. The child has been seen by social worker only twice since being placed at the group home in June. There has been no full assessment of family and/or child's needs. This child has been complaining of headaches, and a medical evaluation has not been provided.

Because there are no services in place to address child and/or family needs and no current planning for this child, the child status is in the refinement zone.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The mother is committed to her son and is diligently working with her church to resolve her problems. She reported that she is no longer drinking alcohol and has been baptized. Although the child was placed in a group home, he remained in the same school and is in close proximity of his neighborhood and family (sister and mother). The child has placement options with his sister and uncle and the agency is working to have the child placed with a family member. Also, the sister and uncle attended the Agency's Family Team Meeting (FTM), which shows their support for the mother and child. The sister has received a temporary license as a kinship care provider for her brother.

### **What's Not Working Now and Why**

It appears the agency does not fully understand the magnitude of the mother and child's needs. Although social worker reported that the child needs a tutor (child failed two classes), mentor and individual therapy, these services have not been put in place. Additionally, the mother needs substance abuse and domestic violence interventions, but the initial assessment missed the mark on how to be helpful to her. The mother has not been effectively engaged in working together with the agency towards reunification.

There is no coordination, communication and/or planning with the family members about the next steps for the child in terms of permanency. There is no team leader to ensure good outcomes for the child and family. There have been limited social work visits with the child and his medical and educational needs are not being addressed. There has been mention of the child using substance (marijuana), but there has been no follow-up by the teacher (school) and/or his mother, who reported this information, in part because the child is exhibiting no behavioral problems and seems to be "under the radar" for most team members. The child has been in a group home for approximately three months, with other viable relative placement options that were not fully explored after the family team meeting.

The child is currently involved in testifying against the paramour in a parole trial, and the risks to him for doing so are unclear.

Overall, CFSA has not engaged this child and family, and there is no plan or clear road map for the child and family.

### **Six-Month Forecast/Stability of Findings**

It is likely the child will be placed with a family member in the near future. If services are put in place, a full safety/risk assessment is completed and responded to and a clear road map to permanency is developed, the forecast for the next six months is positive.

If the case continues on its current course without a full assessment, services or a road map, it is likely that the status of the case will decline.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Conduct a safety and risk assessment in regards to paramour's volatility and access to the child. The CFSA Domestic Violence Specialist should be consulted on this assessment;
- Conduct another Family Team Meeting (FTM) prior to the placement with the sister to engage the family in permanency planning and the decision making process (if the child has been moved to his sister's, a family team meeting could help determine next steps for determining how to achieve permanency);



- Ensure services (tutoring, mentoring, substance abuse, domestic violence, medical evaluation and therapy) are available for the mother and child;
- Develop a team with family members and others who are associated with the case. Strong leadership and coordination are needed on the team.
- Conduct a full assessment (safety, risk, services needs etc.) to delineate all factors related to safety, well being and permanency of the child – particularly in light of the child's testimony against the mother's paramour.
- Engage the mother in working towards the permanency goal.

### **CPS Investigation**

The initial engagement with the family resulted in the child being informally placed with his adult sister who resides in the same neighborhood as the mother. This occurred on the same day as the first contact with the family and no additional assessment, services or formal plan were put in place at that time to ensure the informal placement would be successful. Less than a week after the informal placement, the sister brought the child to CFSA and indicated that she could no longer care for him because she and the mother could not agree on the extent of the sister's legal powers as the caretaker. The child was brought into shelter care and a family team meeting was held to explore other relatives as placement options. During the family team meeting, which was truncated due to it being held in the two or so hours prior to the family's case being heard in court, the case was transferred to the on-going unit.

## **Written Case Review Summary**

Case 34

Review Date: September 28, 2005

Child's Placement: Foster Care

### **Persons Interviewed (9)**

The CFSA social worker and supervisory social worker, pre-adoptive mother, primary care physician, daycare director and teacher's aide, HMO case manager, guardian *ad litem* (GAL), and the assistant attorney general (AAG).

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The target child is a twelve-month-old African-American female who currently resides in a pre-adoptive home with her pre-adoptive mother.

The child was born prematurely at 29 weeks gestation weighing two pounds, three ounces, to a mother with a chronic medical condition and a reported history of substance abuse, homelessness, and prostitution. The child also has a chronic medical condition and spent the first two months of life in a local hospital where she was abandoned by her biological mother. It is reported that the child's biological mother visited her a few times in the hospital after she was born, then disappeared.

The child was discharged from the hospital to her current pre-adoptive home. The child's pre-adoptive mother was licensed as a pre-adoptive home prior to becoming the child's caregiver. The pre-adoptive mother is unmarried and works full-time. Initially, the pre-adoptive mother requested placement of a child with no special medical needs. However, after visiting the child in the hospital grew attached to the child and made the decision to adopt her.

The child has a permanency goal of adoption. The adoption petition has been submitted and the child's biological mother has been located by the CFSA Diligent Search Unit and notified of the intent to adopt. The trial to discuss termination of parental rights was previously scheduled for September 2005, but it was continued to November 2005.

The child is currently receiving medical services provided by a local hospital, case management services provided by an HMO, and attends a local daycare center.

The child attends daycare daily for approximately 9-10 hours, while her pre-adoptive mother works. The pre-adoptive mother has imposed stringent requirements on the daycare provider. The pre-adoptive mother has a strict feeding schedule that she has instructed the daycare to follow. The daycare provider reports the child typically cries for more food, but they are unable to feed her if it does not coordinate with the pre-adoptive mother's specified schedule, and thus they feel like they are depriving her of food. The child is also only allowed to eat the homemade food that the pre-adoptive mother provides to the daycare; they are not allowed to feed her the finger-food snacks that they give to the other children. Additionally, the pre-adoptive mother does not want the daycare provider to place any toys into the crib with the child or for her to be placed on the floor for an extended period of time. The pre-adoptive mother would prefer for the child to remain in a bouncy chair for most of the day and while placed in the chair, she does not want the child to lie on her back, she must sit straight up. Due to her premature birth, it is

essential to the child's developmental progress that she is given the opportunity to enhance her gross and fine motor skills, which can be done by being allowed to be on the floor.

#### **Child's Current Status**

All team members commented on the good relationship between the child and the pre-adoptive mother that they observe. The child's overall status is in the acceptable range, with some persons interviewed believing that there is more immediate potential for stronger physical, emotional, and developmental gains. The child's current gestational age is nine months, and she is, according to her primary care physician, developing at a seven to eight month level.

The child receives consistent medical care and has had the same primary care physician since birth. The child was recently placed in the hospital for several days because of a high fever.

#### **Parent/Caregiver's Status**

The pre-adoptive mother has established an appropriate bond with the child and is diligent in attending to her medical needs. She grinds food for the child which she sends to the day care center. The pre-adoptive mother is following through with all requirements necessary to finalize the adoption. She has completed the adoption home study, ICPC referral, and has requested a police clearance from the previous state she resided in. She did not have to complete foster/adoptive parent training because she was informed she could receive credit for training she completed in her former state of residence.

The majority of her friends and family reside out of state. She is not a member of a church, but has been searching for a church for the past year. The pre-adoptive mother is not involved in any support groups and is not receiving respite care.

#### **Factors Contributing to Favorable Status**

This case has many strengths contributing to its favorable child status rating. The pre-adoptive mother established a bond with the child while she was still in the hospital, prior to bringing her into her home. Despite difficult beginnings, the child is making progress. She is gaining an adequate amount of weight, according to the pre-adoptive mother and her primary care physician. Additionally, the child is receiving consistent medical care. The pre-adoptive mother is attentive to the child's medical needs; she ensures the child attends all scheduled appointments and alerts the primary care physician when there is a concern. The pre-adoptive mother was very diligent in her search for a daycare provider for the child. She terminated a daycare provider that she felt was not providing adequate service and visited the new daycare facility several times before making the decision to send the child there.

#### **Factors Contributing to Unfavorable Status**

One major factor contributing to the unfavorable caregiver status is that the pre-adoptive mother has established very few support systems in the area. One person interviewed worried that the pre-adoptive mother appeared to be all alone during the child's recent hospitalization. The pre-adoptive mother also commented that she has used up most of her allotted personal leave already due to the child's appointments.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now**

The CFSA social worker has established a good rapport with the pre-adoptive mother. She visits the pre-adoptive mother's home several times during the month and has visited the child's new daycare facility. The CFSA social worker advocated having the pre-adoptive mother's adoption

subsidy increased from a Level I to a Level III, to more adequately address the child's medical needs. The CFSA social worker has also submitted all necessary documents required for adoption finalization. The home study was completed and the requests for an ICPC and a police clearance from the state the pre-adoptive mother previously resided in have been requested.

### **What's Not Working Now and Why**

There has not been coordination between persons involved in the child's case. The pre-adoptive mother has established a rapport with both social worker and primary care physician however; her relationship with the daycare provider is relatively fragile. The pre-adoptive mother is concerned about the daycare's response to the child's recent hospitalization, feeling that the agency was abrupt with her. The daycare provider reports frustration with being unable to convey her concerns about the child's care needs to the pre-adoptive mother. The daycare provider states they have attempted to engage the pre-adoptive mother on several occasions regarding the pre-adoptive mother's rigid requirements for the child while in their care but feel that their concerns are not understood. There is also no contact between the daycare provider and the primary care physician. The primary care physician appears to believe the daycare provider does not need to know information regarding the child's chronic medical condition, but the daycare provider expresses a need to be given some level of information in order to better understand the pre-adoptive mother's strict requirements for the child while in their care.

The pre-adoptive mother's requirements for the daycare provider appear to be a result of a lack of training on how to parent infants with chronic medical conditions. It seems the system did not adequately prepare the pre-adoptive mother on how to deal with issues related to parenting infants with chronic medical conditions.

### **Six-Month Forecast/Stability of Findings**

With adequate support systems established, increased knowledge on parenting infants with special medical needs, and a concrete transitional plan in place, it is expected that the child's stability in both her pre-adoptive home and daycare facility will be sustained. It is likely that the child's adoption will be finalized within the next six months.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- The child's gestational age is nine months and she is currently developing on a seven to eight month level. A referral for a developmental evaluation and early intervention services should be submitted immediately.
- A meeting needs to be held with the daycare provider, the pre-adoptive mother, and social worker to address the pre-adoptive mother's rigid requirements for the child while at daycare. It would be ideal for the primary care physician to be included in this meeting as well, if at least by telephone.
- The pre-adoptive mother does not have many viable familial or community supports in the area. The pre-adoptive mother has been given information about a support group for adoptive parents and parents of children with chronic medical conditions and has not yet attended. These support groups could serve as an information source for the pre-adoptive mother. She could learn parenting skills as well as tips on how to disclose necessary information to the daycare provider. It could also decrease her anxiety level and rules she has placed on the daycare provider. Further, the support group could serve as a place for the pre-adoptive mother to connect with other parents dealing with similar issues and possibly make a few friends.
- The social worker mentioned the pre-adoptive mother has expressed concern about receiving daycare services after the adoption is finalized. A concrete transition plan may be quite

useful for the pre-adoptive mother to outline what post- adopt services are available and to address how the pre-adoptive mother will deal with any illnesses or other difficulties that may arise after adoption finalization.

## **Written Case Review Summary**

Case 35

Review Date: September 25, 2005

Child's Placement: Foster Care

### **Persons Interviewed (12)**

Social worker, supervisor, CPS worker, focus child, mother, maternal grandmother, group home assistant house manager, resident aide, therapist - MultiSystemic Therapy, child's primary care physician, family's nurse/godmother; guardian *ad litem* (GAL).

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The target youth in this case is a 16-year-old African-American male and the oldest of six children. His one brother and four sisters range in age from 1 to 14. He and four siblings live with their biological mother and her paramour, who is the father of the youngest child. One sister, 14, lives with her paternal aunt in Maryland.

This youth and the four siblings entered the child welfare system in May 2005 following a physical abuse report in which his mother allegedly hit him in the face during an altercation related to the mother's desire to keep the youth away from a neighborhood she believes is dangerous. The mother was thought to be intoxicated at the time. The youth entered emergency shelter care. He is currently placed at his third group home, where staff counselors have described him as cooperative and compliant.

At the time of placement, two siblings, ages 13 and 1, were placed at an infant and maternity home; one child, age 6, was placed in a foster home in Maryland; and one child, age 3, was placed at a hospital due to her special medical needs. These four children have since been returned to their mother: the 3-year-old in July and the 13-, 6-, and 1-year-olds in August.

There has been one previous report to the child welfare system regarding the children. In April 2005, a neglect allegation due to inadequate care and possible substance abuse was determined unfounded. Additionally, the mother is currently on probation for hitting her daughter, 14, who now resides with an aunt in Maryland. It is not clear to the reviewers if this incident happened in D.C. or Maryland. According to the intake worker, it occurred in D.C., but the GAL reported it occurred in Maryland. The mother was court-ordered to complete anger management and parenting classes as a result of this incident.

### **Child's Current Status**

While the youth is currently stabilized in his placement at the group home, his overall placement stability has been inadequate. Since coming into care, the youth has been placed in three different congregate care placements. He was initially placed at a short-term, emergency care facility, from May until August. The youth was then placed at a second facility for less than a week. He ran away from there several times and informed his caseworker he did not want to remain there, alleging that residents were allowed to smoke marijuana. The youth requested placement at his current group home and moved there in mid-August. Although he ran away several times during his first few weeks there, he is no longer absconding from the home.

The youth's permanency goal is reunification with his mother. Both the youth and his mother have expressed their desire and hope for reunification. A concern is that neither of them is able to

articulate an understanding of the timeline and roadmap for reunification. For example, the youth has a specific date in mind that he believes is when he will go home; however, his caseworker and others have not sanctioned this date.

All other team members interviewed indicated their support for reunification; however, there is no consensus on a transition plan and or the date when reunification will occur. For example, the youth's therapist and GAL stated the youth should be returned home immediately; the GAL shared that, at the therapist's request, she is in the process of filing for an emergency hearing to do so. On the other hand, the youth's caseworker reported reunification will occur after the mother has completed anger management classes in October and after a transition period into the home. Although the team has not developed a reunification timeline, it is clear it believes reunification is an achievable permanency goal that will occur prior to the next court hearing in December 2005.

The youth's primary care physician and other team members reported that the youth is healthy. The physician did share that his records indicate the youth is overdue for his annual physical examination by one month. CFSA's disposition report states that the youth received physical and vision examinations in July 2005. The physician reported that the youth's asthma and allergies are well-managed through the use of medication. The youth appears healthy and fit, and shared that he enjoys playing basketball and football.

The youth demonstrates fair emotional and behavioral functioning. Group home staff described him as having come a long way and as a "model resident." He adheres to facility rules and is eager to achieve privileges based on good behavior. As examples, they noted he honors curfew, completes his house chores, and is communicative with the staff. One counselor has observed the youth's deep affection and concern for his siblings, stating he "talks about them all the time." the youth reported having a supportive relationship with his maternal grandmother, mother, and stepfather, and stated his stepfather in particular guides him in how to stay out of trouble.

A group home counselor stated that the youth shows "great restraint from engaging in disruptive behavior" at the facility. An unresolved concern, however, is the reportedly disruptive behavior the youth displays at school during class.

Conversely, the mother expressed her belief that the youth's behavior has deteriorated as a result of living in the group home. She stated she has observed the youth to behave less responsibly since being in the group home setting, which she characterized as having significantly less structure and supervision than her home. She also expressed her concern about the youth's peer influences and the possibility that the youth is smoking marijuana and cigarettes as a result.

The youth receives one individual and one family therapy session per week from MultiSystemic Therapy (MST). His therapist reported he is fully engaged in therapy and that one of the goals of therapy is to develop his communication, coping, and anger management skills. The youth had a psychological and psychiatric evaluation in August 2005; however, the results were not available at the time of the QSR interviews.

The youth is in Grade 9 at a local junior high school. Through the efforts of his mother and GAL, he has obtained an Educational Advocate. During the previous school year, the youth had poor attendance and fluctuating grades. Thus far in the current school year, he has maintained good attendance. However, school officials have described the youth's behavior as periodically disruptive. They have reported that his behavior in class is sometimes inappropriately playful and that he occasionally skips his history class. The youth's counselor at the group home also

described a recent incident in which one of the youth's teachers allegedly pushed the youth up against the blackboard for being disruptive. The counselor reported that the youth reacted appropriately and did not engage in any confrontational contact in return. Team members did not seem to share information about the nature and extent of his academic and behavioral needs at school.

#### **Parent/Caregiver's Status**

The mother reported that she is devoted to her children and is eager to secure the best for them. The decision to reunite her with four of her children so quickly after removal is evidence of her motivation to engage in required services and her significant progress in ensuring protective conditions in the home. The mother stated she recently moved her family from a dangerous neighborhood in Southeast D.C. to a safer neighborhood in Northwest to ensure her children's safety and well-being. She shared her personal history of child abuse and stated she wants her children to have a better childhood than she had.

The youth's mother is currently on probation for hitting her 14-year-old daughter in March, 2005 (the daughter now resides with her aunt in Maryland). As a result of this incident, the mother was court-ordered to complete parenting and anger management classes. She has completed the parenting class, and the anger management class is due to be completed in October 2005. As a result of the May 2005 abuse allegation, she is attending Alcoholic Anonymous meetings; however, she stated she is not an alcoholic. Her therapist reported she is engaged in individual and joint family counseling sessions, and the mother stated MST has been beneficial to her and to the youth.

The mother receives eight hours of nursing care every weekday for her special needs daughter. She receives financial assistance from TANF and SSI and income from her paramour's full-time employment. The mother indicated that she hopes to resume nursing classes at a local university.

#### **Factors Contributing to Favorable Status**

Since the inception of the youth's case, his family has engaged in regular visitation. The caseworker was pivotal in facilitating visitation as he personally transported the children to/from visits on weekends. His dedication was critical in helping this already tight-knit family maintain its closeness. Two Family Team Meetings have been held to discuss the reunification process and assess the family's readiness for reunification. As a result, the four youngest siblings were able to reunify with the mother.

The mother continues to actively participate in case planning and services. She is also effectively engaged with the caseworker as demonstrated by her staying in close contact with the worker and by her taking advantage of the services provided her. Both the youth and his mother were promptly connected to MST, which was expedited through CFSA's Office of Clinical Practice and its liaison with the Department of Mental Health. The youth is currently stabilized in his placement and has made significant behavioral progress there, including recently being designated "resident of the month."

#### **Factors Contributing to Unfavorable Status**

There is a team working with the youth and his family, but the team members are not effectively exchanging information or moving toward the shared goal of reunification at the same pace. The caseworker and caseworker supervisor have not clearly delineated the criteria by which it will be determined that the youth can return home. The youth's therapist believes the youth should have been returned home by now. Although the GAL shared her intention to file for an emergency court hearing, the team is not collaborating on developing an agreed-upon transition plan to reach



the permanency goal and a cohesive recommendation to present to the court. Furthermore, neither the youth nor his mother has been able to express an understanding of the timeline and process for reunification.

The youth's educational status and challenges are not clear to the team. Team members are not sharing information about his educational strengths and needs.

The case planning process has not been regularly updated to reflect ongoing changes in the case. There are no timeframes for services and supports to be implemented and completed, and not all team members have been included in the case planning process.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

By all accounts, the youth and his mother are fully engaged in individual and family therapy. They both report they have established strong working relationships with their therapist and that the therapist is working with them to improve their communication with and understanding of each other. The youth has made significant progress at the group home. He is no longer running away and he is consistently demonstrating responsible behavior there. There is a team working with the family and the right members are on the team.

### **What's Not Working Now and Why**

There is little coordination among team members to establish a transition plan and timeline for reunifying the youth and his mother. The lack of joint decision-making and consensus regarding the reunification process will likely prolong the process and may result in the youth becoming frustrated and regressing.

Other problematic service system functions include the inability to secure a mentor for the youth on a timely basis. Although one contractor reportedly secured two mentors for the youth, both mentors failed to initiate mentoring due to their departure from the organization. A third mentor has been assigned to the youth; however, he had not yet met with the youth at the time of this review. Additionally, the results of the psychological and psychiatric evaluation were not yet available at the time of this review.

### **Six-Month Forecast/Stability of Findings**

If the path to reunification is clarified and implemented on a timely basis, the projected status for the youth is positive. Given the conditions of group home living—and that those conditions are not providing the type of supervision deemed necessary by the mother—it is arguable that remaining in the group home will be detrimental to the youth's adaptive, cooperative, and family-appropriate behavior. It is also a concern that the youth has a definitive date in mind for going home. The team should work with the youth, as well as other family members, so that he understands when and how reunification will occur.

### **Practical Steps to Sustain Success and Overcome Current Problems**

- Convening a Family Team Meeting among all parties, including the youth, could provide an opportunity to discuss how reunification readiness will be assessed and to develop a workable reunification plan and timeline, which should then be presented by a cohesive team to the court.
- Gathering additional data regarding the youth's education status and performance are indicated. It is unclear whether his educational needs are being met, whether he is making

satisfactory progress in his schooling, and whether he could benefit from tutoring. There also has been no effort to identify the source of his behavioral problems at school.

- Following up to connect the youth to a mentoring relationship could yield positive benefits for him. Consistent adult support is critical to helping him gain important life experiences and skills.
- Providing additional nursing care to the youth's special needs sister has been recommended by her primary care physician. This service has been recommended to stay in place until the child's tracheostomy and gastrostomy tubes are removed.
- Providing child care to the family would support the mother's efforts to care for the four children currently in the home.
- Ensuring ongoing access to individual and family therapy would help the family continue to enhance communication and understanding and to anticipate potential parenting challenges as the next oldest child enters his teenage years, which the mother has found particularly challenging with her two other adolescent children.

### **CPS Investigation**

A more thorough assessment could have been conducted as part of the investigation. Several core contacts were not interviewed, including several family members and educational and medical professionals. It is not clear whether efforts were made to determine if protective supports and interventions could have been implemented to avoid removing all the children from the home, particularly when nurses working in the home had expressed no abuse or neglect concerns about the younger children. A grandfather of two of the children offered to take them to live with him and one of the family's nurses (who is also the children's godmother) offered to move into the home to care for the special needs child or take two children to live with her in her own home. The ICPC process for the grandfather and the nurse/godmother was never initiated.

The youth was immediately placed in a congregate care setting without first determining if a more family like setting were appropriate. However, within three days of the removal, an initial Family Team Meeting was held to identify relative placement options for the children. No relatives were available to care for the youth. He has remained in group care since the removal. It does not appear from the interviews or case records that a foster family was explored for the youth.

## **Written Case Review Summary**

Case 36

Review Date: October 3, 2005

Child's Placement: Foster Care

### **Persons Interviewed (7)**

Child, CFSA social worker, group home director, guardian *ad litem* (GAL), assistant attorney general (AAG), mother and GED case manager.

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The youth and his older brother were removed from their father's home three years ago. The boys were then 15 and 16. Their father stated he was being evicted from his apartment due to the behavior of the boys, and he stated that he would leave them alone in the apartment if that was what was necessary for them to enter foster care. The youth had not lived with his father long at that point; his mother had sent him to his father when she couldn't control him and when she felt threatened by him. Neither parent worked with CFSA to regain custody of the boys, and neither maintains any contact with CFSA. One maternal uncle was considered as a placement for the youth, but the uncle did not have a large enough apartment to take in the youth.

There is nothing in the record to indicate earlier involvement with CFSA and there is no background information to provide insight into the boys' early years and school performance. The youth's brother is now 19 and he has moved from group care into independent living and college. The youth recently turned 18, and he just moved into a group home for older teens who are preparing for independent living. The youth would like to follow in his brother's footsteps and enter the Independent Living Program, but he currently lacks the skills necessary for success in independent living, as he has been doing just enough to maintain his group care placement.

A neuropsychological evaluation was ordered for the youth in August of 2003. That evaluation was intended to help determine if the youth had any perceptual and/or learning deficits or perhaps an undiagnosed head injury that would explain the discrepancy of 21 points between the youth's Verbal IQ and his Performance IQ. The evaluation was never done and the youth's school experiences and school record have not been positive since he entered foster care.

The youth is currently committed in the juvenile court system. He had a probation officer due to being a passenger in a stolen car. Those services have closed, so currently the youth has a CFSA Social Worker, case management through the agency that provides his group home placement, GED classes that contain a work component and a mentor. The youth did not cooperate with court ordered drug testing or treatment and evaluation. However, those involved with the youth do not believe substance abuse evaluation or treatment is a critical need for him.

### **Child's Current Status**

The youth voices complaints about being in the system. He said he isn't being allowed to be a "normal teenager" because he doesn't have the weekend passes to go stay with a parent and be out late with his friends. He voices anger that he has to meet some expectations before being placed in independent living. Yet the youth realizes the system is providing him a safe place to stay, so he makes enough progress to remain in his programs and he stays out of legal trouble. The youth is not availing himself to services available to assist him in becoming a well

functioning and self-sustaining adult. His lackadaisical attitude frustrates those wanting to help him, and unfavorable comparisons are made of the youth with his older brother.

The youth can earn \$55 per day if he attends his GED classes and work program. Yet on the day of his interview with the reviewers the GED case manager told the youth he was close to being kicked out of the GED program since he had missed seven days during the second half of September. The GED program did not have a contact number to let anyone know of the youth's attendance problems.

Over the last 30 days the youth's personal appearance and hygiene has improved as he has settled into his new placement.

Several attempts have been made to connect the youth with a mentor. At the time of the review, the youth had recently been assigned a new mentor, but he was stating he would refuse to meet with the mentor, as he had been disappointed by a lack of follow through by previous mentors. While the social worker acknowledged there has been turnover in the youth's mentors, he felt contact had been frequent enough for the mentors to establish a positive relationship with the youth if he had been receptive. The youth is viewed as being resistant to establishing a meaningful connection with any of his service providers. The youth, when asked, indicated his mother was the person he felt gave him the most support.

#### **Parent/Caregiver's Status**

The youth is working toward entering the Independent Living Program. His current caregiver is the group home where he resides. The group home is seen as adequately supporting the youth's goals and monitoring his safety. The youth has had no contact with his father and his contact with his mother is by telephone. Neither parent has maintained contact with any of the youth's providers or his CFSA worker.

#### **Factors Contributing to Favorable Status**

The youth is resilient in that he has managed to keep himself safe by remaining court committed and remaining in his group care placement. He has demonstrated the ability to problem solve by knowing he is better off in his group home placement than depending on the charity of others, since he is not yet able to support himself.

The youth's placement is appropriate to his needs and can assist him in becoming independent if he chooses to work the program. The placement provides structure, group counseling, transportation, referral to other programs and development of independent living skills. The program is designed for older teens such as the youth.

The youth is in good health, and appointments have been scheduled a regular basis. There was some confusion among the youth's team as to whether or not the youth was supposed to be taking medication for depression. The youth stopped taking his Zoloft and Nexapro several months prior to the review, and while medication may help the youth manage his behaviors, he does not want to take it, and he has demonstrated he can maintain without medication. Since the youth is legally an adult, allowing him to make these decisions in a safe and structured environment is recognizing that he should be allowed to take more control of his life.

While there are concerns that the youth needs counseling so he can come to terms with his parents' lack of involvement in his life, his emotional and behavioral well-being at home and school was rated as acceptable in the refinement zone over the past 30 days. The youth has

demonstrated improvements in his behavior, and he has been taking over some control of adult decisions under the supervision of his team. He knows counseling is available if he changes his mind.

### **Factors Contributing to Unfavorable Status**

The youth has been enrolled in a GED program since March of 2005. In the program the youth can study in the morning and work in the afternoon. Attending the entire day means the youth earns \$55. Still, the youth has poor attendance in the GED program, and he has not taken his GED tests, so he has not secured competitive employment. The rating in this section was scored in the improvement zone, as was his score in life skill development. These scores reflect the concerns of those involved with the youth that he will not be ready to be on his own when he exits the system.

Permanence prospects, responsible behavior and social supports were all rated in the refinement zone, again due to the youth responding minimally to the efforts of those around him and making no progress toward his development of a positive informal support system to assist him in making good decisions. Since the time frame for family reunification has passed, efforts to engage the youth's parents stopped, further shrinking the availability of natural and informal supports for the youth.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

There is consensus on the youth's permanency goal of independent living and that the programs and resources being offered to the youth could assist him in reaching his goal, just as they did with his brother. The youth's CFSA worker visits regularly with the youth and attempts to engage him in the services he believes would benefit the youth. Referrals to appropriate services have been made and the youth, as an African American, has several African American male role models among his service team.

While the youth has frustrated his service team by his manner of asserting what independence he feels he has in the system, the team has responded by not giving up on him and by recognizing his progress, even though he isn't making gains at the rate the service team would like to see. The service team has made sure the youth can be safe while he continues to contemplate his future and make attempts at becoming more independent.

### **What's Not Working Now and Why**

The youth has a service team that operates independently of each other and one that operates without full understanding of the youth's needs. Team members team operating independently allows the youth to decide what information different members of the team learn. An example would be that both the group home and the CFSA worker have no idea of the youth's attendance and progress in his GED program. Effective teamwork would hold the youth accountable for absences and communicate progress on his ability to pass the GED tests. Implementation of services to the youth was rated in the improvement zone.

Also rated in the improvement zone was assessment and understanding. Two years ago there was a court order for the youth to undergo psychoneurological testing to determine if the youth had problems that could affect his learning and functioning. The testing was never done, so one possible explanation for the youth's lack of school progress and resistance to change has not been explored.

The youth does have contact with his 19 year-old brother. Family connections with other family members and informal supports that could endure after the youth ages out of the system have not been pursued. Scores for those ratings were in the improvement zone.

#### **Six-Month Forecast/Stability of Findings**

The youth has spent several years developing his defense mechanisms and he will not give them up easily. It is predicted that over the next six months he will continue his current stability in his group care placement and continue to make small steps toward independence.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Redefine success for the youth by verbally rewarding him for positive steps he makes, especially steps such as staying safe in group care and maintaining a connection with his mother
- Gather the youth's "team" together, including the youth, to decide on next steps for him and to improve team communication
- Invite the youth's mother to participate in his team planning, making sure she understands she is being invited as a "consultant" on her son and not as a placement option.
- Ask the court to again order the psycho-neurological evaluation of the youth as he has approximately 2 ½ years left before he has to exit the foster care system. Consider the recommendations of the evaluation

## **Written Case Review Summary**

Case 37

Review Date: October 5, 2005

Child's Placement: Independent Living Program

### **Persons Interviewed (4)**

CFSA social worker, CFSA supervisory social worker, target youth, Independent Living Program college coordinator/facilities manager

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The youth is an African-American female who just turned 19 years old in September 2005. She is currently living in an independent living program (ILP) in the District of Columbia. The youth's case came to the attention of CFSA when she and her natural mother, began having interpersonal conflicts when the youth disclosed to her mother that she was gay. In the spring of 2002, the youth began residing with her maternal cousin. However, this living arrangement disrupted after the maternal cousin stated that the youth was displaying negative behavior – being disrespectful, staying out all night, and refusing to abide by house rules. At this time natural mother transported the youth to the home of her paternal grandmother, at which time the youth's natural father also resided in this home. However, after an incident in which the youth was described as being disrespectful, the grandmother transported the youth to the place of employment for the natural mother. Subsequently, the mother determined that the youth was beyond her parental control and stated she had no plan to provide care for the youth. Therefore, the youth was placed in a contracted CFSA group home.

The original goal for this case was reunification. However, in August 2002, it was determined that the mother was not making any efforts towards the goal, and the youth had expressed that she did not wish to reunify with her mother, so the goal was changed to Alternative Permanent Planned Living Arrangement (APPLA).

### **Child's Current Status**

The youth has been in her current ILP since February 2004. The current placement for the youth is only her second placement since entering the system. However, due to the structure of this current program and the youth skill level, it has been determined that the youth should be transferred to an Independent Living program in a less structured environment. The team has assessed that the youth is capable of succeeding in such a program.

The youth presents as a very responsible young lady. She is described as a natural leader, very articulate and able to express her thoughts, feelings in an appropriate manner. She seems highly motivated to achieve certain goals. She is currently pursuing classes towards a degree in Electrical Engineering. The youth's overall status is favorable. Therefore, efforts should be made to maintain and build upon this positive situation. Her family, legal and community domains are stable at this time.

### **Parent/Caregiver's Status**

In the youth's current placement there is not one staff member assigned to closely monitor her progress, activities, and other needs as identified. All staff seems to be involved; however, all staff members do not share pertinent information in regards to the youth. Therefore, needs are not easily and promptly identified.

According to record review the mother of the youth is single and the youth is her only child. The mother was not interviewed for this review. The youth stated that she does see her mother from time to time, and she does seek out contact with other extended family members.

#### **Factors Contributing to Favorable Status**

The youth is not at risk of removal from her ILP. She has interviewed and has been accepted to another ILP where she will gain a higher level of independence. The permanency prospects for the youth seem favorable since she has remained in her current placement without any incidents that would warrant her removal. The youth is also highly motivated to achieve certain goals she has established for herself. She plans to continue her college coursework and obtain part-time employment. The CFSA social worker has also contributed to the favorable status, in that he has remained consistently on the youth's case for the last year.

#### **Factors Contributing to Unfavorable Status**

There are only two major factors contributing to unfavorable status – the current functionality of staff at the youth's current placement and the lack of a transition plan to the new ILP placement. There is no one staff person assigned to the youth who maybe charged with daily case management duties. The program has not established one point of contact for follow-up with the youth. In addition, this current placement has not identified the youth's current needs of life skill coaching, job readiness, and options for employment. Moreover, there is not a transition plan developed or the youth to move from the current ILP to the newly identified ILP she has been accepted to.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

The System Performance for this case is fair. There is a team and team leader; however, there are no formal on-going team meetings to discuss the case plan for the youth. This attributes to the fair indicators for System/Practice Performance.

#### **What's Working Now**

The youth is in a stable ILP. She is physically safe and resides in a facility that is properly maintained. The youth plan to move to more appropriate ILP is also working for her right now. She has successfully interviewed and been accepted to another ILP. Her move will likely occur within the next three months. The youth remains motivated to achieve stated goals, and she is aware of the necessary steps to achieve established goals. Her CFSA social worker has remained a constant on her case since October 2004.

#### **What's Not Working Now and Why**

There have not been any team meetings, although there is a team leader identified. They may not occur because the team leader may not be aware of the need to convene such a meeting. There is no established case manager/point of contact at current ILP. This is not working because on any given day numerous staff members have fragmented information on the youth that, at times, does not get shared. There is no clearly developed transition plan for the youth. This is not working because the next steps of moving the youth to this program have not been implemented.

#### **Six-Month Prognosis/Stability of Findings**

Based on review findings, over the next six months the youth's situation is likely to improve with a transition to a more appropriate Independent Living Program.



**Practical Steps to Sustain Success and Overcome Current Problems**

- CFSA social worker should develop clear, comprehensive transition plan to newly identified ILP placement for the youth
- CFSA social worker to assist in referring the youth for job readiness skills training.
- CFSA social worker to assist the youth with identification of employment opportunities.

## **Written Case Review Summary**

Case 38

Reviewed: October 5, 2005

Placement: Independent Living Program

### **Persons Interviewed (5)**

Former CFSA social worker, current CFSA social worker, independent living program worker, guardian *ad litem* (GAL), mentor

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The youth is a 20-year-old African-American male who came into care four years ago because of his mother's drug use. He briefly lived with his aunt but had to move because she no longer had enough space for him, but they remain close. He then moved to an independent living program (ILP), where he has lived for the past four years. His mother has been in and out of jail, and the youth is reportedly pleased when he runs into her, but they do not visit regularly. He has a younger sister who lives with a relative, with whom he is reportedly close. The youth receives mentoring services, participates in Keys for Life, and continues to have a place to stay at the ILP, even though he is currently away at college. He reportedly could benefit from tutoring but has not sought such services at college.

### **Child's Current Status**

The youth graduated from high school and attended college out of state for the past academic year. He failed all of his classes but one, in which he made a D. Although he reported that he was doing well, the team eventually found out he had not been turning in his work or managing his time well. He returned to his ILP in the summer and worked two jobs. He and his team worked out a budget to give him a realistic picture of what life on his own would be like, as well as to help him pay off a large phone bill he had accumulated. He has a girlfriend he has been seeing since high school, and they spoke on the phone very frequently when he went out of state for college. After having vocational and psycho-educational assessments, the youth and his team created a plan during the summer that he would participate in a plumbing apprentice program. He did not pass the test and instead left for a new college two weeks before the review, at the encouragement of the ILP staff. Because the ILP did not yet have his schedule or a phone number for him, the QSR review team could not interview the youth.

### **Parent/Caregiver's Status**

The mother is not receiving services, as the youth's permanency goal is Alternate Planned Permanent Living Arrangement (APPLA). She has reportedly been out of jail for almost a year and sees her son from time to time.

### **Factors Contributing to Favorable Status**

The youth is healthy and safe, and he has been living in a stable placement for the past four years. He is reportedly well-adjusted and makes responsible decisions in most areas of his life. He does not have any issues with drugs or alcohol, follows the rules of the ILP, and gets along well with his the other youth who live there. He has been working on budgeting and other life skills. The youth has enduring relationships with adults, including his mentor and staff at the ILP, and has formed positive relationships with peers. He has remained connected with extended family members.

**Factors Contributing to Unfavorable Status**

The one area that was rated unfavorably was the stability of the youth's academic placement. He went to college for one year and did very poorly. The team had been meeting to work out an alternative plan, specifically an apprenticeship, but two weeks before the review he suddenly went to a new college out of state at the impetus of the ILP staff. He did not notify his social worker at all and did not tell his mentor he was leaving until two days before he left. There is concern among other team members that he will fail out again and will not be eligible for any more financial aid, even if he starts a vocational program.

**SYSTEM PERFORMANCE APPRAISAL SUMMARY****What's Working Now**

Overall, the youth has been receiving quality services from all providers. He has been engaged by the team members, who all have a good understanding of his permanency goal. The team has a history of frequent meetings to plan and assess, which implies they would be open to implementing them again. His mentor and GAL have all been working with him for at least two years, and he also has many family and informal community connections. While the case has often had more frequent court hearings than most cases, the team reported that they found them helpful.

**What's Not Working Now and Why**

Two months ago, the social worker who had been working with the youth long-term was promoted and had to transfer the case. Since then there has been a breakdown in coordination and leadership, as well as team functioning. The new worker has made efforts to engage the youth but obviously does not have the same level of history and understanding of the case as the previous worker. This change may have contributed to the lack of communication that led to the youth suddenly going to college, despite the fact that the team had created a different backup plan. It seems the ILP staff made the decision to send the youth to a new college, presumably with the youth's input, once they found out he had not passed the apprenticeship test, but they did not inform any other members of the team. The psychoeducational assessment was not shared with the ILP staff, and it clearly states the youth is performing at a 7<sup>th</sup> grade level and would be best-suited for a vocational program that gives him concrete skills that would lead to a job. There is concern by members of the team that the youth will not succeed at his new college and will no longer have financial aid for a vocational program.

**Six-Month Forecast/Stability of Findings**

It is predicted that this case will remain status quo. If the youth does well in college, he will remain there next semester. If he has to leave, there are existing backup plans that could be implemented. He will continue to have a place to live no matter what.

**Practical Steps to Sustain Success and Overcome Current Problems**

- The team should begin meeting regularly again to reestablish communication and sort out the chain of events that led to the youth deviating from the plan and backups he and the team had created. The results of the psychoeducational assessment should be shared with all members of the team.
- The team should be communicating with the youth and personnel at the college to accurately assess how well he is doing. As demonstrated by his last college venture, the youth should not be solely relied upon for status reports.
- Backup plans should be considered if he does not get the necessary grade-point average to continue to receive financial aid.

## **Written Case Review Summary**

Case 39

Review Date: October 5, 2005

Child's Placement: Foster Care

### **Persons Interviewed (6)**

Social worker, supervisor, great aunt, child, mother's attorney, and grandmother

## **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

### **Facts About the Child and Family**

The family includes the target child, an African-American male age 3 ½, and four siblings: boys ages 11, 9 and 6, and a girl, 5. The father of the focus child is incarcerated for a term of 50 years. The mother has a long-standing substance abuse problem. She has completed a 90-day jail term for child abuse and is currently living independently on probation.

The family came to the attention of CFSA in May 2002, when the school reported serious abuse of the oldest of the four children. The focus child was then two-weeks-old and had tested positive for marijuana at birth.

The 47-year-old maternal grandmother/guardian is divorced, has a stable, highly responsible government job, and owns her home. In addition to the children's mother, she has a 22-year-old son who lives independently, and a 12-year-old daughter.

The child spends half of his time with his 68-year-old paternal great-aunt, and half of his time with his grandmother, as he transitions to his grandmother's home, where his sister currently resides.

The case has been carried by the same CFSA worker and supervisor since it was transferred from CPS. Day care for the child is provided by a licensed day care home. The grandmother and the children are receiving psycho-educational family therapy on a weekly basis, primarily to enhance the grandmother's skills in managing the children's behavior.

### **Child's Current Status**

Multiple services were offered to the birth mother towards the goal of reunification but were rejected or utilized erratically. Therefore the older two children were placed with their father and oldest sibling and the goal for the younger two was changed to guardianship. Both the great-aunt and grandmother expressed desire to become the guardian. Court ordered mediation was attempted unsuccessfully. The court found both the great-aunt and grandmother to be adequate caretakers, but since the relationship of the great-aunt and birth mother is very strained, the court found that placement with the grandmother would enable the children to safely maintain a relationship with their mother, who visits regularly. The grandmother was granted an interlocutory guardianship in June 2005; however, four months into the interlocutory period and two months before the guardianship becomes final, the child has yet to move full time into his new home.

The child's status overall is in the maintenance zone. He is healthy and developing normally. Safety at home is rated in the maintenance zone. The grandmother is very conscious of the children's need to maintain a relationship with their mother but is equally aware that for the children's safety, those visits must be supervised at all times.

Emotional well-being at home and school was rated as good. The child was observed in both homes on the same day, presenting very differently in the two environments. Had he been seen only in the great-aunt's home, his emotional/behavioral well-being score would have been fair, as he was very overactive, provocative and somewhat out of control. The great-aunt's discipline was inconsistent and inappropriate, and the child resisted efforts by the aunt to hold him on her lap. However, with his grandmother, he was much calmer, compliant with instructions, and showed affection, quietly sitting close to her with his head resting on her arm. It seems his presentation at his grandmother's was the more accurate indication of his actual functioning and well-being.

The child has been attending a licensed day care home very close to his grandmother's house two days a week. When he is with her full-time, he will attend day care five days a week. The grandmother has placed him on the waiting list for Head Start. Safety at day care is rated as fair only because the reviewers were unable to interview or visit the day care provider. Academic and learning status is also rated as fair, as the worker and grandmother both believe the child should be in a more structured learning environment for a greater portion of the week. When with his great-aunt, he is not in an educational program or with other children.

The child's home placement with his grandmother is rated as optimal. Guardianship will become final in December, so permanency prospects are rated as good. At the moment, however, stability is rated as minimally acceptable, as the child's transition to his grandmother's care has been prolonged, does not have a clear timeline for completion, and is being inhibited by the great-aunt with whom he still spends half time. Since the child had been with his great-aunt since he was two weeks old, it was felt that his transition should be in phases, with the details to be worked out by the parties.

Initially, the child was to spend Sunday evening through Wednesday afternoon with the great-aunt and the balance of the week with the grandmother, but no timeline was established for completing the transition. When interviewed, the great-aunt revealed ways she seems to be trying to keep the child attached to her, such as insisting the child say he lives with her after he returns from his time with his grandmother. She claimed that the grandmother is unable to manage the child's behavior, which is contrary to what the reviewers observed. However, the grandmother reported that the child stated to her, "Mama [the great-aunt] told me to be bad." The great-aunt has also overtly resisted increasing the child's time with his grandmother, as discussed below. Thus, while permanency will be achieved in December, current stability remains in the refinement zone.

### **Parent/Caregiver's Status**

Since the grandmother is the legal guardian of the child, the following ratings apply to her. Parent/caregiver status is in the maintenance zone for each area. The grandmother made significant personal and financial sacrifices to obtain guardianship, is providing good care and nurture, is participating in family therapy that she finds very helpful, and appears to have internalized what she has learned about effective behavior management. She arranges biweekly outings with the older siblings, their father, and the children's mother that she describes as always involving fun activities. She was observed with the child, who is quite active, and she was nurturing and used gentle and appropriate discipline.

The grandmother has family and community supports and is maintaining the children's relationship with their mother and siblings. Her 12-year-old daughter is pleased that the children are in the home and is enjoying being a big sister/aunt. The case will be closed in December when guardianship becomes final.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

While the outcomes in this case appear to be excellent for the child and his siblings, the current overall system performance rating is in the refinement zone, scoring as marginal, primarily due to difficulties surrounding the child's transition to his permanent home.

### **What's Working Now**

The child is in a loving, supportive permanent home within his birth family, with his closest-in-age sibling, a home that enables a safe, on-going relationship with other siblings and his birth mother. The agency has set in place very useful services (therapy) for the grandmother that have helped her become an excellent caretaker. It has been particularly helpful in this case that the worker and supervisor have remained constant throughout, that they have ensured that the child has experienced relative stability while in care, and that they have worked to achieve permanency for all the siblings.

Resource availability for the child was rated as fair, as he is on the waiting list for Head Start. Resource availability for the grandmother is rated as good. The grandmother was dissatisfied with the original therapy provider, but the social worker quickly located a new provider with whom she is very satisfied. Assessment and understanding was rated in the maintenance zone. Tracking and adjustment is rated as fair. Informal supports and family court interface were also rated as good.

### **What's Not Working Now and Why**

Neither the grandmother nor the great-aunt was engaged in planning the specifics of the phased transition, nor does it appear that the family therapist has been involved in design of the transition. There was no team meeting. The transition plan had no defined timeline, was not written, and was presented orally and separately to the parties by the social worker. As a result, there is not a common understanding of what is to happen, and the child's transition has been delayed.

The great-aunt claimed when interviewed that she is unaware of the ultimate goal for the child or of a transition plan. Since the child has been with the great-aunt half-time, the grandmother has been sharing half the monthly subsidy with her. At a recent court hearing, it was decided that the child's time with the great-aunt would be decreased, although there does not seem to be a common understanding of the new arrangement. The social worker indicated that the child would spend Sunday evening through Tuesday afternoon with the great-aunt. The grandmother indicated that she believed that the child was to spend only weekends with the great-aunt. The great-aunt did not attend the hearing, and when the grandmother attempted to pick up the child and to reduce the amount of money shared with the great-aunt, the great-aunt resisted and according to the grandmother stated, "That's not going to happen." The grandmother is thus also confused and frustrated about implementation and her ability to effectively participate in planning and assuring the child's well-being.

Engagement, coordination and leadership, path to permanency, case planning, and implementation all rated in the refinement zone. Team formation and functioning were rated in the improvement zone.

**Six-Month Forecast/Stability of Findings**

The six-month forecast for this case is that permanency will have been achieved, the case closed and the child's status further improved, as he will no longer be caught between his grandmother and great aunt.

**Practical Steps to Sustain Success and Overcome Current Problems**

- Hold a meeting with the aunt and grandmother together to clarify the goals and transition process.
- Facilitate the child moving very rapidly into the full-time care of his grandmother.

## Written Case Review Summary

Incomplete Review

Review Date: September 27, 2005

Child's Placement: Home with biological parent

### Persons Interviewed (5)

On-going Social Worker and Supervisor, CPS Social Worker, Domestic Violence Specialist, and Mother.

## CHILD & PARENT/CAREGIVER STATUS SUMMARY

### **Facts About the Child and Family**

The target child is a 13-year-old African American child, living with his 33-year-old mother and three siblings ages 10, 6 and 4 in a 3-bedroom public housing townhouse. The mother is unemployed and receives TANF. The child receives SSI due to Learning Disability (Level III). The father, (39 years old) is the father of all of the children, except the youngest. He is reportedly 'in and out' of the household, traveling to NYC frequently to pursue a career in as a rapper.

CFSA became involved with the family when the father went to the child's school (in response behavior problems), hit and punched the child in the nose, causing a nosebleed. When the child returned home and told his mother of the incident, she called the police and the father was arrested. The police contacted CFSA's hotline to report the incident. Criminal charges against the father were subsequently dismissed, since according to the mother, she and the child failed to appear in court.

This family has a long history of domestic violence. The mother has obtained several orders of protection against the father, which he violates, and she does not enforce. Each of the children has witnessed physical violence between their parents. The children also report being hit by both parents, sometimes with a belt. After substantiation of the allegation of abuse by hitting, anger management for the father, family therapy for the family, individual therapy for the child, and the need to monitor that the father adhere to the stay away order, in place at that time, were suggested by the Child Protective Social Worker. The Child Protective Social Worker made a referral for intervention by the CFSA's Domestic Violence Specialist. The on-going social worker met with the mother and some of the children once after several attempts. Currently no services are provided to the family.

### **Child's Current Status**

The child's overall status cannot be assessed since the Reviewers were not able to meet with him or his teacher. His mother reports that he is enrolled in a private school and is placed in a regular 7<sup>th</sup> grade setting. The child has a current IEP and last year was reading at a 2<sup>nd</sup> grade level. His mother reports that he received counseling at his previous school. She is following the advice of an attorney, hired last school year, to obtain special education services for her son at his current school that she feels is better equipped to manage his needs. Both the child and his brother experienced behavior problems in the previous school. Their mother indicates that the child is doing well at home but that his brother has an "attitude" problem.

### **Parent/Caregiver's Status**

The mother is the primary caregiver and appears to put forth adequate efforts to parent all her children. She is clearly overwhelmed at times with the responsibilities of caring for four children. She wants to have their father involved in their lives but shared concerns about the impact of his behavior on the children. She called the police when the child's father punched him and reported to the Reviewers that she drives the children to school and picks them up to ensure their safety. Despite these reports, based on the interview with her and experiences during attempts to confirm the appointment with the mother and meet



with the child the Reviewers believe that the father is an active part of the mother and the children's lives. The mother demonstrates a degree of resourcefulness in meeting her children's needs. She insisted on transferring the child to a school she believes can better meet his needs and has hired a lawyer to assist in obtaining special education services in the new (private) school. She reports working daily with the child to complete his homework assignments and/or takes him to work with his nephews who are older, when needed. She has not participated in decision-making regarding services related to the physical abuse and is not clear that the case was transferred for ongoing services due to concerns about domestic violence. She had requested counseling (for the child and siblings), did not pursue this request, and is now no longer interested. The worker told Mom that the case will soon be closed.

This case was opened because of the domestic violence, but no services have enhanced protective capacity as a requirement for safe case closure.

#### **Factors Contributing to Favorable Status**

The mother makes efforts to meet the child's needs. She seeks supports for her children (i.e. nephews for tutoring, lawyer to advocate for special education services) when needed.

#### **Factors Contributing to Unfavorable Status**

The mother has refused services and/or supports to deal with the impact of domestic violence on her and her family's life. Additionally, although contacted the police after her son's father hit and injured him, she says she would "never do that again" because she got CFSA involved in her life.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

Immediate action is needed to address and improve the system performance in this case.

#### **What's Not Working Now and Why**

The decision to open this case was based on potential safety issues related to domestic violence. This family has not been engaged in the work to address that or any other issues. The reason and goals for the Agency's involvement are not clearly articulated and there is no plan that guides the work. CFSA has a resource in the Domestic Violence Specialist and that person gathered useful information to inform the on-going work with this family but it was not shared. The Specialist has not been employed as a consultant to provide guidance on working with a "Mom (who) refuses any domestic violence services" as noted in the Specialist's brief feedback to the on-going social worker. There is little understanding of the family's strengths and needs and minimal use of extended family and other community resources to support Mom and protect the children. The mother requested counseling services for her and her children when the abuse was substantiated but this request was not honored. Turnover in this case soon after the transfer from CPS to on going, had a negative impact on this case, including lapse in contact with all members of the family.

#### **Six-Month Forecast/Stability of Findings**

The findings in this review are not comprehensive in that there is no overall assessment of the child's status. The system performance can improve. Some of the steps which can be taken to improve are outlined below.

#### **Practical Steps to Sustain Success and Overcome Current Problems**

- Engage and form a working relationship with the mother by helping her deal with the child's need for tutoring. This is what she currently identifies as a need. Offer counseling for her children (as she had requested).

- Give the mother control on when/where there will be contact with her (i.e. meeting at the agency or somewhere else, when she is available) instead of “popping in” and leaving messages that the worker has visited, actions which may directly impact on the domestic violence situation.
- Explain to both the mother and the father the reason for CFSA involvement—relating it to the impact of domestic violence and abuse on their children and offer interventions for both of them.

## Appendix C: Review Teams

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<b>Lead Reviewers</b>	<b>Partner Reviewers</b>
Gayle Samuels, CSSP Clare Anderson, CSSP  Susan Kelly, CSSP Nick Geleta, DMH Joyce White, DMH  Salvatrice Murphy, Girls and Boys Town Laura Heaven, CFSA Macon Bowden, CFSA Stephanie McAllister, CFSA Andrea Brunson, CFSA Victoria Russell, CFSA Alisa Williams, CFSA Matt Claps, Consultant Krys Lange, Consultant Audrey Dunn, Consultant Suzy Clement, Consultant  Sue Potter, Consultant Roberto Mariette, Consultant Lu Tosch, Consultant Linda Radigan, Consultant Mary Allegretti, Consultant	Elena Cohen, CSSP Christine Arena, CSSP Willie Tompkins, Jr., CFSA Carol Armour, CFSA Herman Ray Barber, CFSA Salvatrice Murphy, Girls and Boys Town Stephanie McAllister, CFSA Roula Sweis, CFSA Melissa Zobel-Sellevaag, Family Ties Project Elizabeth Sinks, CFSA Sarah Thankachan, CFSA Benoy Thomas, CFSA Alisa Williams, CFSA Victoria Russell, CFSA Helen (Kim) McMillion, CFSA Valeria Carter, Collaboratives Elizabeth Sinks, CFSA Cory Chandler, CFSA Maureen McFadden, CFSA Eleanor Sanders, CFSA Stewart Jones, CFSA Nancy Smith, FAPAC Jacqueline Lipscomb, CFSA Davene White, Howard University